Dr. Swathi

Rainbow® Children's Hospital — It takes a lot to treat the little.

BirthRight™ BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

ESTIMATION SLIP

Date : 3/6/26 **UHID / IP No. :** HNH-0001562 **Sl No.** 1565

Name of Patient : Mrs. Fatima Begum **Age:** 35yr **Gender:** F

Father's / Husband's Name : Mr. MD. Imran **Corporate / Occupation :**

Address : **Phone :** 8367589128 **Email :** 8019759566

Procedure / Plan : ND / LSCS (Twins) **EDD/Dos:** Aug-26

MODE OF PAYMENT : ☑ SELF ☐ TPA : ☐ GIPSA : ☐ OTHER

TARIFF INFORMATION : Twins

Particulars	Package Amounts (Rs.)	
Room Category	Normal Delivery	LSCS
Multi Shared Ward		
Shared Ward		
Twin Shared Ward →	1.40 ~~1.60~~k	1.50k
Private Room →	1.55k	1.65k
Super Deluxe Room		
Suite Room		Explored Twins package
Package includes (Package starts from the time of admission)	Room Rent, Nursing Charges, Doctors Fee, Surgeon's Fee and Labour Ward Charges	Room Rent, Nursing Charges, Doctors Fee, Surgeon's Fee Anesthetist's Fees and OT Charges
	Length of Stay for : 2 Days	Length of Stay for : 3 Days
	Pharmacy up to 9,000/-	Pharmacy up to 12,000/-
(BP, NST (-	Investigations up to 2,500/-	Investigations up to 3,000/-
Others	Well baby Cots	2Kg to 3Kg Per Baby

Neonatologist Charges : ☐ Covered ☐ Not Covered **Epidural / Entonox :** ☐ Covered ☐ Not Covered

Initial Minimum Deposit : 20 k Advance

REMARKS : Neonatal, Vaccination, SBR, B/G

1. Room eligibility is purely subject to TPA approval and the Package / Room Tariff starts from the time of admission. The estimated amount may Change according to duration of stay, medical condition, investigations, pharmacy and any other procedure.
2. Proportionate difference of bill amount is applicable in case the patient opts for a category higher than the TPA approved, which has to be paid by the patient and may not be reimbursed by the TPA at later stage.
3. **Total baby charges are extra which include admission, pharmacy, vaccinations, investigations, disposables, consumables, equipments, speciality consultations, etc.**
4. In Case the patient gets discharged earlier than the packages permitted days, no refund of any type is applicable and if the length of stay is beyond the package permitted, additional payment is applicable for which kindly contact the Financial Counselling desk between 9am to 6pm
5. **For Non-medicals, Disposables, Consumables, Taxes, Kiwi Cup charges, Implants, Tubectomy charges, HIV/HbsAg, Anti-D, Medical Records, Double Occupancy and Registration Charges, etc. credit cannot be exchanged. These items are not payable to us as per Insurance company norms.**
6. Difference if any between the final bill amount and amount permitted/approved by TPA or total bill amount in case of denial from TPA has to be paid by the patient. In case of denial, cash tariff would be applicable.
7. Two attendants are permitted with patients in SDLX, DLX and PVT rooms and only one attendant is permitted in the rest of the categories of rooms and no attendant is permitted in ICU's
8. Tariffs are subject to revision
9. Kindly check your billing status on day to day basis at IP Billing Department.
10. Additional Charges on package are applicable for Non-working hours and Non-working days (sundays and public holidays)

DECLARATION

I Mohd. Imran have attended the Financial counseling desk and understood the expected costs and other conditions applicable. In case the TPA / Insurance Company rejects the claim for whatsoever reasons at any point of time I promise to settle the hospital bill with the hospital without any ambiguity.

Signature of the Client — Husband — Signatory Relationship — Signature of the Financial Counselor

HNH-00015612 IP26-00006862
Mrs FATIMA BEGUM
04-04-1991 35 Y 3 M 12 D (F)
Dr. SWATHI H V

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SURGERY DETAILS

Date : 16/7/26

Patient Name: Mrs. Fatima Begum Date of Birth: 4-4-1991 Age: 35 yrs.

Gender: Female Ward : OT UHID No.: HNH-00015612

Date of Surgery: 16/7/26 ☐ OT -1 ☑ OT -2 ☐ OT -3 ☐ OT -4 ☐ OBG OT-1 ☐ OBG OT-2

Name of the Surgery : Emergency LSCS & BL tubal ligation

Time in : 3:30pm Time Out : 4:30pm

		NAME	AMOUNT
1.	Surgeon	: Dr. Swathi, Dr. Swapna	
2.	Anaesthetist	: Dr. Samir	
3.	Assistant Surgeon	: Dr. Manisha	
4.	OT Technician	: Sr. Pallavi, Sr. Saraswathi	
5.	Circulating Nurse	: Sr. Natasha, Sr. Karuna	
6.	Assistant Nurse	: ~~Sr. Sushreeta~~, Sr. Sangeetha	

Mrs FATIMA BEGUM (35 Y 3 M 12 D/ F)
TUBES
NINV04329
HN26011877TUBES

Tubectomy charges - 21433.

Special Equipment: ☑ Laparascopy ☐ Broncoscope ☐ Harmonic ☐ Morcelator
☐ C-ARM ☐ Cystoscopy ☐ Versa Point ☐ Liver Cusa
☐ Neuro Cusa ☐ Others .....

Signature of the Surgeon

Natasha
Signature of Circulating Nurse

Order No: 26-0000021433 Order by: Sangeetha

HNH-00015612 IP26-00006862
Mrs FATIMA BEGUM
04-04-1991 35 Y 3 M 12 D (F)
Dr. SWATHI H V

EM LSCS.

CONSUMABLES OF OT

Rainbow® Children's Hospital — It takes a lot to treat the little.

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Circulating staff : Puja Technician : Saravanan Date : 16/7/26 Time : 3:40pm

Anaesthesia Disposables	Qty Issued	Qty Used	Surgical Disposables	Qty Issued	Qty Used	Disposables (Baby Side)	Qty Issued	Qty Used
ET tube			Major Pack LSCS.		01	Inj Vit.K twin-1		01
LMA			Sutures 2346. 2364	2+1		Cord Clamp		01
ECG leads : A / P / N		03	2042 + 1326	1+1		Suction Catheter		
HME filter : A / P / N						Feeding Tube 6, 5		1+1
Syringes : 10 cc		02				Vaccum Suction Set		01
05 cc		02	Gloves Encore 6½		02	Surgical Gloves 7½, 6½		1+02
02 cc		02	S.G 6, 6½	03+03		Gauze Pack 7.5		02
01 cc		01				Syringe 1ml / 2ml		02
Cautery plate : A / P / N		01	Surgical blade 22no		01	Surgical Blade # 20		01
IV set blood set		01	NG tube			Koochies (S)		
RL		03	Cautery pencil		01	encore 6		01
NS : 10ml / 100ml / 500ml / 1000ml		01	Koochies XXL		01	twin-11		
oxytocin		05	Ointments			26 00002144241 4425		
IV cannula 18g		01	Suction Catheter	10.		Cord clamp		01
Fentanyl		01	Cap, Mask	10+10		20no blade		01
Morphine			Gauze Pack 7.5		02	Vacuum Suction set		01
Ketamine			Mop Pack		02	Vitamin K		01
Propofol			Steristrip			1ml		02
~~Rocuronium~~ Tranex 1gm		02	Underpad		02	feeding tube 5no		01
Glycopyrolate		01	Draw sheet					
~~Myopyrolate~~ Atropin		01	Abgel		01	26 00002144130.		
Ondansetron			Foleys catheter					
27g Pencan ~~25g~~ / Spinal Needle 22		01	Urobag					
Bupivacaine 0.25%			Chest Drainage Catheter					
Anaesthesia ~~Bupivacaine~~ 0.25%(Heavy)		01	Romodrain bag					
Antibiotics			Bandage					
3way 10 cm		01	Tegaderm					
Suppositories			Ioban					
Anamol : 80mg / 250mg / 170 mg			Double J Stent					
Supridol : 100mg		01	Vaccum Suction set		01			
Justin : 12.5 mg / 25mg / 100mg		01	Plastic Bed Sheet					
Tab. Misoprost : 200mg		04	Betadine Solution		02			
Encore glove 7.0		01	Microshield		02			
Gauze 7.5x7.5		01	Cotton Balls		01			
			Latex Gloves		20			
			Ramdione Scrub					
			Saral					

Surgeon Anaesthesiologist Nurse OT Technician

Order No 26-00002144121/4422. Ordered by : Sangeetha

Doc. No. : RCH / FRM / GENERAL / 125

Rainbow Childrens Hospital-Himayatnagar

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040-46873000, info@rainbowhospitals.in

ELECTRONIC MEDICINE PRESCRIPTION

MRN	: HNH-00015612	**Name**	: Mrs FATIMA BEGUM
Age / Sex	: 35 Y 3 M 12 D / Female	**Doctor**	: SWATHI H V
Adm/Reg Date/Time	: 16/07/2026 14:28	**Payor**	: SELFPAY
Order Date	: 16/07/2026 17:09	**Ordernumber**	: 26-0000214422
Visit ID	: IP26-00006862	**Ward/Bed No**	: 4F -OT / LDR-416
Patient Address	: HNO:19-2-438/2,3, Chandulal Baradari, Hyderabad, Telangana, INDIA, 500064		

S.No	Description	Generic Name	Dosage	Route / Frequency	Duration	Instruction	Qty	Status
1	VACCUME SUCTION SET		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
2	MONOCRYL 3-0 NW 1326	MONOCRYL 1326	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
3	Encore Microptic gloves-6.5		1 Nos	/ Once Daily	1 Days		2 Nos	Dispensed
4	PREGELLED SURGICAL PLATES(ADULT)	PREGELLED PLATED ADULT	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
5	ABGEL SURGI PAD (BIG) (GELSPON)	ABGEL	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
6	E.C.G ELECTRODES (ADULT)	ELECTRODES ADULT	1 Nos	External / Once Daily	1 Days		3 Nos	Dispensed
7	JUSTIN SUPPOSITORIES 100 MG 5 S		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
8	NS 100ML ACCULIFE - EH	NORMALSALINE 0.9% SODIUMCHLORIDE100ML CLO	1 mL	/ Once Daily	1 Days		1 mL	Dispensed
9	SGLOVE # 6 (SURGICARE)	SURGICAL GLOVES 6.0	1 Nos	External / Once Daily	1 Days		3 Nos	Dispensed
10	SURGICAL BLADE 22	SURGICAL BLADE 22	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
11	VICRYL 1-0 NW 2364	VICRYL 1-0 NW 2364	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
12	BLOOD SET WITH LUER LOCK		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
13	THEMPYRRNOM 0.2MG INJ		1 Nos	Injection / 10 AM	1 Days		1 Nos	Dispensed
14	PENCAN 27G (B/BRAUN)		1 Nos	External / 10 AM	1 Days		1 Nos	Dispensed
15	POVIHANZ SOLUTION 10% 100 ML		1 Nos	External / Once Daily	1 Days		2 Nos	Dispensed
16	DSYRINGS 2.5ML(NIPRO)	SYRINGE 2ML	1 Nos	External / Once Daily	1 Days		2 Nos	Dispensed
17	DSYRINGE 5ML (NIPRO)	SYRINGE 5ML	1 Nos	External / Once Daily	1 Days		2 Nos	Dispensed
18	ENCORE MICROPTIC GLOVES-7 PF		1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
19	EVATOCIN (OXYTOCIN) INJ 5 IU 1 ML		1 Vial	External / Once Daily	1 Days		5 Vial	Dispensed
20	DSYRINGE 1ML (NIPRO)	SYRINGE 1ML	1 Nos	External / Once Daily	1 Days		1 Nos	Ordered
21	ANAWIN HEAVY 5 MG INJ 4 ML		1 Vial	External / Once Daily	1 Days		1 Vial	Dispensed
22	VEIN-O-LINE 10CM ROMSONS		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
23	CUROPINE (ATROPINE) INJ 1 ML		1 Vial	Injection / Once Daily	1 Days		1 Vial	Dispensed
24	UNDER PAD 60X90 10's Pack - MEDICUBE		1 Nos	External / 10 AM	1 Days		2 Nos	Dispensed
25	TRUGUT CHROMIC CATGUT SN4242	TRUGUT CHROMIC CATGUT SN4242	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
26	LSCS DRAPE PACK (PROTECTCARE)		1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
27	MOPS 30X30 5PLY SS X-RAY	MOPS 30X30S PLYDATT	1 Nos	/ Once Daily	2 Days		2 Nos	Dispensed
28	RL 500 ML CLOSED SYSTEM	RINGER LACTATE 500ML CLOSED	1 Bottle	External / Once Daily	3 Days		3 Bottle	Dispensed
29	DSYRINGE 10ML (NIPRO)	SYRINGE 10ML	1 Nos	External / Once Daily	1 Days		2 Nos	Dispensed
30	VENFLON I -18 G	IV CANULLA 18	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
31	VICRYL 1-0 VP 2346	VICRYL 1-0 VP 2346	1 Nos	/ Once Daily	2 Days		2 Nos	Dispensed
32	SUPRIDOL SUPPOSITORIES 100 MG 5 S		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
33	BIOXAMIC 500 MG INJ		1 Ampule	External / Once Daily	1 Days		2 Ampule	Dispensed
34	COTTON BALLS 2 GM 5 NOS		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
35	MISOPROST TAB 200MCG 4S		1 Tabs	External / Once Daily	1 Days		4 Tabs	Dispensed
36	CAUTERY PENCIL (ADVANCE)		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
37	BACTOPREP SOLUTIONS 100 ML		1 mL	/ Once Daily	2 Days		2 Nos	Dispensed

SWATHI H V
OBSTETRICS AND GYNECOLOGY
Reg No : TSMC/FMR/15501

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Note

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*** Do not refill medicines.**

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ELECTRONIC MEDICINE PRESCRIPTION

MRN	: HNH-00015612	**Name**	: Mrs FATIMA BEGUM
Age / Sex	: 35 Y 3 M 12 D / Female	**Doctor**	: SWATHI H V
Adm/Reg Date/Time	: 16/07/2026 14:28	**Payor**	: SELFPAY
Order Date	: 16/07/2026 17:09	**Ordernumber**	: 26-0000214421
Visit ID	: IP26-00006862	**Ward/Bed No**	: 4F -OT / LDR-416
Patient Address	: HNO:19-2-438/2,3, Chandulal Baradari, Hyderabad, Telangana, INDIA, 500064		

S.No	Description	Generic Name	Dosage	Route / Frequency	Duration	Instruction	Qty	Status
1	FACE MASK 3 LAYER - ELASTIC	FACE MASK 3 LAYER	1 Nos	External / Once Daily	1 Days		10 Nos	Dispensed
2	SURGEON CAP FEMALE SAFE SECURE		1 Nos	External / 10 AM	1 Days		10 Nos	Dispensed
3	NITRILE EXAMINATION GLOVES P F- MEDIUM		1 Nos	External / Once Daily	1 Days		20 Nos	Dispensed
4	ADULT DIAPERS-XXL		1 Nos	External / 10 AM	1 Days		1 Nos	Dispensed

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OBSTETRICS AND GYNECOLOGY
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ELECTRONIC MEDICINE PRESCRIPTION

MRN	: HNH-00016623	**Name**	: Baby Of FATIMA BEGUM TWIN 2
Age / Sex	: 0 Y 0 M 0 D 1 H / Female	**Doctor**	: S TEJASWI REDDY
Admitting Date/Time	: 16/07/2026 16:46	**Payor**	: SELFPAY
Order Date	: 16/07/2026 17:18	**Ordernumber**	: 26-0000214430
Visit ID	: IP26-00006863	**Ward/Bed No**	: 4F -NICU 1 / NICU1-402
Patient Address	: HNO:19-2-438/2,3, Chandulal Baradari, Hyderabad, Telangana, INDIA, 500064		

S.No	Description	Generic Name	Dosage	Route / Frequency	Duration	Instruction	Qty	Status
1	VACCUME SUCTION SET		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
2	SURGICAL BLADE 20	SURGICAL BLADE 20	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
3	INJEK INJ 1 MG 0.5 ML		1 Nos	/ Once Daily	1 Days		1 Vial	Dispensed
4	CORD CLAMP-ALPHAMEDICARE		1 Nos	External / 10 AM	1 Days		1 Nos	Dispensed
5	INFANT FEEDING TUBE-5	INFANT FEEDING TUBE 5	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
6	DSYRINGE 1ML (NIPRO)	SYRINGE 1ML	1 Nos	External / Once Daily	1 Days		2 Nos	Dispensed

S TEJASWI REDDY

Reg No : APMC/FMR/94068

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ELECTRONIC MEDICINE PRESCRIPTION

MRN	: HNH-00016624	**Name**	: Baby Of FATIMA BEGUM TWIN 1
Age / Sex	: 0 Y 0 M 0 D 1 H / Male	**Doctor**	: S TEJASWI REDDY
Adm/Reg Date/Time	: 16/07/2026 16:47	**Payor**	: SELFPAY
Order Date	: 16/07/2026 17:14	**Ordernumber**	: 26-0000214424
Visit ID	: IP26-00006864	**Ward/Bed No**	: 4F -NICU 1 / NICU1-403
Patient Address	: HNO:19-2-438/2,3, Chandulal Baradari, Hyderabad, Telangana, INDIA, 500064		

S.No	Description	Generic Name	Dosage	Route / Frequency	Duration	Instruction	Qty	Status
1	CORD CLAMP-ALPHAMEDICARE		1 Nos	External / 10 AM	1 Days		1 Nos	Dispensed
2	INFANT FEEDING TUBE-5	INFANT FEEDING TUBE 5	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
3	SURGICAL BLADE 20	SURGICAL BLADE 20	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
4	INJEK INJ 1 MG 0.5 ML		1 Nos	/ Once Daily	1 Days		1 Vial	Dispensed
5	VACCUME SUCTION SET		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
6	DSYRINGE 1ML (NIPRO)	SYRINGE 1ML	1 Nos	External / Once Daily	1 Days		2 Nos	Dispensed
7	ENCORE MICROPTIC GLOVES-6 PF		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
8	SGLOVE # 7.5 (SURGICARE)	SURGICAL GLOVES 7.5	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed

S TEJASWI REDDY

Reg No : APMC/FMR/94068

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Name	Mrs FATIMA BEGUM	**UHID**	HNH-00015612
Father/Guardian	Mr MD IMRANULLAH KHAN	**Age/Gender**	35 Y 3 M 12 D/ Female
Address	HNO:19-2-438/2,3, Chandulal Baradari, Hyderabad, Telangana, INDIA, 500064		
IP No	IP26-00006862	**Admission Date**	16-07-2026
Ref Doctor	Self.		
Discharge Date	19.07.2026		

DISCHARGE SUMMARY

Consultant
Dr. Swathi H V
MBBS/MS
TSMC/FMR/15501

Diagnosis: G5P4L4 WITH 34+2 WEEKS WITH DCDA TWIN GESTATION WITH GESTATIONAL DIABETES MILLETUS ON OHA WITH HYPOTHYROIDISM FOR EMERGENCY LOWER SEGMENT CAESERIAN SECTION WITH BILATERAL TUBAL LIGATION. in v/o Absent end Diastolic flow in TWIN 1 .

History:
LMP: 18.11.2026
EDD: 25.08.2026
Obstetric formula: G5P4L4
Gestation at admission: 34^{+2} weeks

Name	Mrs FATIMA BEGUM	UHID	HNH-00015612
IP No	IP26-00006862	Admission Date	16-07-2026

Obstetric History:
G1 - 2014, FTSVD, Male, A & H.
G2 - 2013, FTSVD,Female, A & H.
G3 - 2020, FTSVD,Female, A & H.
G4 - 2022, FTSVD,Female, A & H.
G5 - Present Pregnancy, Spontaneous Conception.

Medical History: K/C/O Hypothyroidism since 10 Yrs, and on T.Thyronorm 88 mcg.
Surgical History: Nil.
Family History: Nil.
Allergies: Nil.

Antenatal Details:
Mrs FATIMA BEGUM was booked to Rainbow hospital at 26^{+6}weeks of gestation. She had regular antenatal checkups and investigations as advised. NT not done,TIFFA was normal. At 23^{+1} weeks her OGTT was abnormal (123/165/115) and was doagnosed with Gestational Diabetes Milletus and was started on T.Glycomet SR 250 mg from 28^{+3} weeks in view of uncontrolled sugars. Outside Growth scan at 26^{+1} weeks showed twin 1 - Hyperechogenic bowel,and twin 2 - Bilateral Urinary Tract dilatation with rest normal findings. Growth scan at 28+1 weeks at Rainbow Children's Hosiptal showed twin 1: Placenta - Posterior and right lateral high, Maternal Right, Breech presentation, AC growth - 5th centile,EFW - 1008 gms (8 th centile), AFI - (SVP) 3.6cms,

Name	Mrs FATIMA BEGUM	**UHID**	HNH-00015612
IP No	IP26-00006862	**Admission Date**	16-07-2026

Bowel appears normal, Dopplers normal. Twin 2 : Placenta - Anterior High, Maternal left, Breech presentation, AC growth - 5th centile,EFW - 1066 gms (15th centile), AFI - (SVP) 4.6cms, Renal Pelvices appear normal, Dopplers normal. Fetal growth monitoring was done by serial growth scan. Scan done on 16.07.26 showed DCDA twins at 34^{+2} weeks ,twin 1: Placenta - Posterior and right lateral high, Maternal Right, Breech presentation, Dopplers Umbilical artery - few loops with increased resistance and few loops with occasional AEDF, CP ratio below 1st centile,Ductus venosus showed forward flow. Twin 2 : Placenta - Anterior High, Maternal left, Breech presentation, AFI - (SVP) 3.5cms, Umbilical artery shows increased resistance, CP Ration -1.01, Ductus venosus showed forward flow, Uterine Artery Doppler normal. Patient was admitted at 34^{+2} weeks for emergency LSCS.

Investigations: Enclosed.
Blood group: "AB" Positive

Management:
Course in hospital and Delivery Details:
At admission on clinical examination the vitals were stable, uterus Relaxed, multiple fetal parts palpable. On admission CTG which was found to be reactive. She was decided for emergency C- section in view of DCDA twin with Abesnt End diastolic flow of twin 1. and was prepared with indwelling Foley's catheter and IV canula under aseptic conditions. Written informed consent for surgery taken. Preanesthetic check up done. Anesthetic premedication (IV Pantop and Perinorm) given. Patient shifted to theatre.

Name	Mrs FATIMA BEGUM	UHID	HNH-00015612
IP No	IP26-00006862	Admission Date	16-07-2026

Surgery Notes:

Under spinal anesthesia she was painted and draped as per hospital protocol. Abdomen opened in layers. The parietal and visceral peritoneum carefully opened after identifying the urachus. Bladder was reflected. A lower segment curvilinear incision given on the uterus. Baby delivered. Cord clamped and cut and cord blood collected for blood grouping and Rh typing. Baby handed over to pediatrician. Placenta delivered with controlled cord traction. Uterus closed in layers. Hemostasis secured. Instruments and swab count checked. Rectus sheath closed. Skin closed with subcuticular sutures. Wound dressing done. Vagina cleaned with Betadine solution after expelling clots. Misoprostol 400 mcg given per rectum as prophylaxis against Postpartum hemorrhage. Patient was shifted out of theatre to post operative recovery room.

*** LUS - Well formed.**

*** 1st. Twin - Breech Extraction.**

*** 2nd Twin - Cephalic Extraction.**

*** Liqour - Adequate and Clear.**

*** Bilateral Tubal Ligation done by Modified Pomeroy's Method.**

Delivery Details :

Date : 16.07.2026

Time of Delivery: T1 - 3:39 PM; T2 - 3:40 PM.

Type of Delivery: Emergency Lower Segment Caesarean Section

Indication : DCDA twins with Absent End Diastolic Flow in Twin 1.

Anesthesia : Spinal

Baby Details: Twin-I

Name	Mrs FATIMA BEGUM	**UHID**	HNH-00015612
IP No	IP26-00006862	**Admission Date**	16-07-2026

Date : 16.07.2026
Time : 3:39 pm
Sex : Male
Weight : 1.74 kgs
Apgar : 6,10
Gestational Age: 34^{+2} weeks
NICU Admission: Yes

Baby Details: Twin-II
Date : 16.07.2026
Time : 3:40 pm
Sex : Female
Weight : 1.78kgs
Apgar : 8,9
Gestational Age: 34^{+2} weeks
NICU Admission: Yes

Post-Operative Notes:
She was closely monitored. Her vital signs remained stable. Uterus was well retracted with no Postpartum hemorrhage. Breast feeding initiated. She was shifted to room. On POD2 her FBS -70mg/dl and PPBS-119mg/dl for which physician opinion was taken and advise followed. Her postoperative period following that was uneventful. On second postoperative day dressing was changed. On inspection wound was healthy. Her general condition was satisfactory and she was found to be fit for discharge. Wound care and medications were explained to patient supplemented by written information.

Name	Mrs FATIMA BEGUM	UHID	HNH-00015612
IP No	IP26-00006862	Admission Date	16-07-2026

She was given the postpartum book for further reference.

Advice:

1. Tab. Taxim O 200mg twice daily till 22.07.2026 (9am-9pm) after food.
2. Tab. Calpol 500mg (Paracetamol 500mg) (2tabs) thrice daily till 20.07.2026(8am-2pm-10pm) after food.
3. Tab. Voveran 50 mg (Diclofenac 50mg) thrice daily till 20.07.2026 (9am-3pm-11pm) after food.
4. Tab. Pantop 40mg twice daily till 22.07.2026 (7am-7pm) before food.
5. Tab. Livogen (Elemental Iron - 50mg, folic acid 1.5mg) once daily (7am) for three months before breakfast.
6. Tab. Shelcal (Elemental Calcium 500 mg, Vitamin D3 250 IU) once daily (2pm) till breast feeding for after food.
7. FBS AND PPBS AFTER 2 weeks .

Home Blood pressure monitoring to be done twice daily for two weeks. Report to emergency if BP >140/90mmHg, presence of headache, vomitings, blurred vision, reduced urine output, epigastric pain, seizures.

Review with **Dr. Swathi H V,** after ...1 week on (24.07.2026)..Rainbow Children's Hospital with prior appointment **(Review consultation will be charged).**

For Women Who Have Had a Caesarean Section
Care of the wound:
1.You can bath and shower.

Name	Mrs FATIMA BEGUM	UHID	HNH-00015612
IP No	IP26-00006862	Admission Date	16-07-2026

2.The wound can get wet during a bath or shower. Dry it thoroughly and gently by dabbing with a gauze piece. Do not rub the wound.
3.This gauze piece needs to be discarded after one use.
4.Prior to touching the wound clean hands thoroughly with Microshield solution and allow them to air dry or use disposable paper napkins.
5.Apply Nebasulf or Neomycin dusting powder on the wound after it is dry.
6.Do not touch the wound with unwashed hands.

The content of the patient discharge summary, medication, food & drug interaction, care to be provided at home, nutrition, when and how to obtain emergency care etc also have been explained by doctor ..... in a language that I can understand and I acknowledge.

Patient/ Attender

In case of emergency like bleeding, fever please refer to postpartum book for further details - Chapter II page 6 kindly contact 9154865045 at Rainbow children's hospital Himayatnagar just dial one toll free number - 18002122.

You can also take appointments at any time by going online to our website **www.rainbowhospitals.in**

Registrar/Resident/C.M.O

Rainbow Children's Maternity Care Ltd. Himayathnagar 500029 Hyderabad

Consultant
Dr. Swathi H V
MBBS/MS
TSMC/FMR/15501

NH-00015612 IP26-00006862
Mrs FATIMA BEGUM
4-04-1991 35 Y 3 M 15 D (F)
Dr. SWATHI H V

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DEFICIENCY CHECK LIST OF CASE SHEET

Sl.No.	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission sheet	1			
2	Discharge Summary	1			
3	Nursing Initial assessment	1			
4	Patient Transfer form	1			
5	In-patient Medical record	1			
6	Doctors progress sheets	5			
7	Nursing plan of care and handover sheets	6			
8	Consultation sheet				
9	General consent for treatment	1			
10	Consent for Surgery	1			
11	Consent for blood transfusion				
12	Consent for chemotherapy				
13	Consent for high risk				
14	Consent for Restraint				
15	LAMA consent				
16	Consent for special procedure / Sedation				
17	Consent for Formula feed				
18	Consent for MTP				
19	Consent for Radiological Investigations				
20	Consent for HIV test				
21	Anaestesia notes (Pre Anaesthesia& post)	1			
22	Neonatal Admission/Delivery/Physical Exam				
23	Medication Reconciliation	1			
24	Emergency Triage record	1			
25	Pre operative check list				
26	Surgical safety checklist				
27	Operation Theatre notes				
28	Nurses clinical Presentation				
29	TPR & BP chart	1			
30	Intake and Out take chart (fluid chart)	1			
31	Drug chart (Regular Prescription)	1			
32	Investigation Values (result sheet)	1			
33	Nebulization chart				
34	Nutritional review chart	1			
35	Intensive care unit (ICU Charts)				
36	Consent for Admission in PICU / NICU				
37	The Humpty dumpty scale				
38	Braden Q Scale				
39	Bed side check list				
40	PICU bed formula Dilution feeds				
41	Gastro monitoring chart				
42	Rch ED doctors note				
43	BP Monitoring chart				
44	RBS monitoring chart				
	Billing Extras	1			
		6			
	Total No. of Pages	35			

Doc. No. : RCH/ FRM / GENERAL / 126

Signature and Date : 19/7/2026 (P.T.O)

Rainbow Children's Hospital

BirthRight by Rainbow

Rainbow Childrens Hospital-Himayatnagar

Rainbow Children's Hospital, Door no. 3-6-267, opp. Cafe niloufer, Old MLA quarters road AP State Housing Board Himayatnagar ,Hyderabad ,Telangana, INDIA ,500029.
TEL NO :040-48873000
WEB : https://rainbowhospitals.in

ADMISSION SHEET

Registration Details :

Admission No : IP26-00006862 **Admit Date** : 16-Jul-2026 **Admit Time** : 02:28 PM **UHID** : HNH-00015612

Patient Details :

Patient Name	: Mrs FATIMA BEGUM	**Age**	: 35 Y 3 M 12 D
Guardian	: Mr MD IMRANULLAH KHAN	**DOB**	: 04-04-1991
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: HNO:19-2-438/2,3 Chandulal Baradari Hyderabad Telangana INDIA 500064	**Phone No**	: 8367589928/ 8019759560
		E-mail	: MDIMRANUK@GMAIL.COM

Admission Details :

Bed Type : TWIN SHARING **Bed No** : LDR-416 **Ward Name** : 4F -OT

Room No : LDR-416 **Admission Type** : First Visit

Contact Details :

Name : Mr MD IMRANULLAH KHAN **Relationship** : W/O

Contact Address : HNO:19-2-438/2,3 Chandulal Baradari Hyderabad Telangana INDIA 500064 **Phone No** : 8367589928

Signature

Doctor Details :

Doctor Name : Dr. SWATHI H V **Specialisation** : OBSTETRICS AND GYNECOLOGY

Referral Doctor : Self. **Phone No** :

Co-Consultant :

Payment Details :

Deposit Amount : 40000.00

Payment Mode : DC/CC Card **Payor Name** : SELFPAY

HNH-00015612 IP26-00006862
Mrs FATIMA BEGUM
04-04-1991 35 Y 3 M 14 D (F)
Dr. SWATHI H V

303

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CROSS CONSULTATION FORM

Doctor Name : Dr. Swathi Date : 17/7/26 Time : 4pm

Diagnosis : LSCS

Hospital : RCH - HMNR

Referred for : ☐ Opinion ☑ Co-Management ☐ Transfer of care

Type of Referral :
☐ Emergency
☐ Urgent
☐ Non Urgent

Reason for Referral : If for concurrent care specify the particular need, especially in the absence of a second diagnosis:

Signature:

Findings and Recommendations :

Lactation care plan

- Baby's at NICU
- Explain about importances of Express feed and it's uses.
- Explained detail storage process
- Express 2 1/2 hours on each side 15 - 20 minutes
- can use electrical pump.

Consultant :

Name : Sathwika. G Signature : Date & Time : 17/7/26 ; 4pm

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ACTIVITY RECORD FOR BILLING

Name :_____ HNH-00015612 IP26-00006862
Mrs FATIMA BEGUM
UHID No. : _____ 04-04-1991 35 Y 3 M 12 D (F) _Consultant: _____ Dept : _____
Dr. SWATHI H V

Date of Admission: _ _Date of Discharge : _____ Time: _____

Room / Bed No : _____ Ward : _____ Suggested Billable bed type : _____

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
16/7	3pm	Pre Post	(OT)	Karuna.
16/7/26	4:40pm	OT	Prepost	Puja/
16/7/26	10pm	Pre post	Room(303)	Nibunita/

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1	Dr. Tejaswini (NNE)	16/7/26	14412	
2	Dr. S. Tejaswi (Lactation)	18/7/26	15029	
3				
4				
5				
6				
7				
8				
9				
10				

INVESTIGATIONS

Date	Investigations	Order No.	Signature
16/7/26	GRBS 74mg/dl (2pm)	11874	
16/7	NST - (1) (Twice)	8631	
16/7	CBP	11872	
16/7	GRBS - 70 mg/dl @ 8pm	11888	
16/7	Biopsy for Histopathology (Medium)	11877	
17/7/26	GRBS - (94 mg/dl) (2Am)	11912	
17/7/26	GRBS - (70 mg/dl) (8 Am)	11913	
17/7/26	Amniotic fluid index & Doppler Scan (Twins)	008674	
18/7/26	FBS (6am) - 70 mg/dl	1999	
18/7/26	PPBS (11Am) 119 mg/dl	2032	

Cross checked done

Cross checked done

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
16/7	Cardiacmonitor	4.50pm		4420	
16/7	infusionpump	4.50pm	10pm	4420	
		Cross checked done			

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
16/7	IV placement	(1)	214410	(1)
16/7	Catheterization	(1)	214411	(1)
16/7	PAC	(1)	214411	(1)
17/7/26	NHA	(1)	14729	

Cross checked by Jee

Cross checked done

ANY OTHER INFORMATION

.....

.....

.....

.....

.....

.....

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

Mrs FATIMA BEGUM IP26-00006862
04-04-1991 35 Y 3 M 12 D (F)
Dr. SWATHI H V

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IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints

Came for Emesis PPMP.

Obstetric Formula: G5P4L4

Obstetric Hostory:

G1 - 12yr | MCH | SVD

G2 11yr | Fch | SVD

Present Pregnancy Record: G3 6yr | Fch | SVD

G4 - 4yr | Fch. | SVD.

Com: 5-6m A5 - spont conception PP.

RISK FACTORS:

TFTs - Not done.
TIFFA - Normal
Fetal Echo - N
OGTT - 123/165/115 - 40m @ 23+1 wks
2 doses.
Betnesol covered on 3/6/26.
4/6/26.

Height: 160 cm
Weight: 89.9 kg
Allergies: Nil
Breast: ☑ Normal ☐ Abnormal
General Examination: Pall
Consciousness: ⊕ Pallor: ⊖
Icterus: ⊖ Edema: ⊖
Temp: Afebrile PR:
BP: DTR: ⊕
CVS: ⊖ RS BAE ⊕
Liver/Spleen: ⊖ Urine Output: Adq

LMP: 18/Nov/2025 EDD:
Corrected EDD: 25/8/2026 GA: 34+2
Menstrual History: Regular : ☑ Yes ☐ No

Obstetric Examination

Fundal Height: - overdistended : 30 RPF
Ut. Activity: ☐ Relaxed ☐ Mild ☐ Mod ☐ Severe
Liquor: ☐ Adequate ☐ Oligo ☐ Poly
PP: ☐ Cephalic ☐ Breech Others _____
Head Fifths Palpable: _____
FHS: ☐ Normal ☐ Tachy ☐ Brady ☐ Absent

Per Speculum Examination Not done

Draining: ☐ Present ☐ Absent ☐ Bleeding
Colour of Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained

Vaginal Examination Not done

Cervix: ☐ Long ☐ Partially effaced ☐ Effaced
Os: Closed _____ Dilated _____
Membranes: ☐ Present ☐ Absent
Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained
Presenting Part: ☐ Vertex ☐ Breech ☐ Others
Sutton: ☐ -3 ☐ -2 ☐ -1 ☐ 0 ☐ +1 ☐ +2
Pelvis: ☐ Adequate ☐ Doubtful

DIAGNOSIS

G5P4L4 / 34+2 weeks / Prev NVD / DCDA twins / Hypothyroidism (Controlled)
for Emesis + BTL

HNH-00015612 IP26-00006862
Mrs FATIMA BEGUM
04-04-1991 35 Y 3 M 12 D (F)
Dr. SWATHI H V

Family History:	Surgical History:
Nil	Nil
Medical History:	**Medication History:**
Hypothyroidism - 1 year	Tab Iron / Calcium T Thyronorm 88 mcg T Glycomet 250mg BD
Plan of Care:	**Investigations:**
- Admission NST - NBM - Informed consent - Parts prepare - Nice counselling - - GRBS - PAC - Inform Pediatrician / Anaes - Reserve 2 ⊙ PRBC - Foley's catheterisation - Shift to OT on call.	BGT AB +ve. 27/3/2026 → TSH - 2.84 mIU/L HIV, HBsAg, VDRL, HCV } NR. (29/6/26) CBP - Hb - 9.8. WBC - 9,600 Plt - 2.3 lakh USG (16/7/26.) ~~SLROR~~ twin pregnancy DCDA Twin I: Breech presentation, PL - post, Rt lateral high, - SVP - 3.6 cm, UA - shows few loops c̄ increased resistance and few loops c̄ occasional AEDF, CP Ratio - 0.72 Twin II: Breech presentation. PL - Ant high, SVP - 3.5 cm. UA - raised resistance (PI ...), CR Ratio 1.01

Doctor Name: Dr Manisha
Signature: M
Date & Time: 16/7/2026 @ 2:15 pm

Dr. Swathi H V
Consultant Obstetrics & ...
Reg. No: ...

Consultant Name: Dr Swathi HV
Signature:
Date & Time: 16/7/2026

HNH-00015812 IP26-00006862
Mrs FATIMA BEGUM
04-04-1991 35 Y 3 M 12 D (F)
Dr. SWATHI H V

Patie

16/7/20

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time: 15/7/20	Progress Notes	Doctor's Order
	Counselling	
	Mother :- Fatima Begum.	
	GA :- 34 wks.	
	>1.5kg	1.8 kg. ↑ 1.9kg
	Preterm Complication.	AEDF
(1)	Breathing Support	
	↳ Lungs Immature.	(maturity → 37wks)
	Steroid → Benefit	
	NIV.	
	Ventilator ↳ Surfactant	(lungs)
(2)	Feeding → 2ml.	5 - 10 ml. (normal)
		→ Slowly increase if no complications

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	NSG	
(3)	2D Echo at 24HOL	
	Heart - hole.	(close - medicine).
(4)	Infection →	Antibiotics
	↓	↓
	if Neg' →	Stop.
	NICU stay :- 3 days	
	NIPV. →	5 days.
	Ventilator →	7 days.
	Dr. Tejas	K. Imran. 8019759560.

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
16/7/2026	C/s/b Dr Manisha	
4:45pm	POD-0 / Em LSCS / GDM (on MNT) + Hypothyroidism c BTL	
		Adv
	CC For Afebrile	NBM x4-6 hr
	BP 108/76	Drugs as charted
	PR 84	W/F vitals & BOOV
	P/A Ut well retracted	- I/O monitoring
	ASD - Dry	- Foley's removal @ 6Am C/m
	PV - Bleeding WNL	- Continue Oxytocin Drip x6 hr
	U/O - 100 cc (OT - Empty)	- GRBS x 6th hourly today
	↳ Blood tinged	P/o POD-2 - FBS, PPBS
Both Twins - NICU		- Inform SOS
	Ch/B Dr. Nandalakshmi	
16/7/26 6:00pm	P5 L5+1 c POD-0 c GDM Hypothyroidism Em LSCS + BTL.	Dr Manisha
	Ollapticle	
	afebrile	Rx
	SpO2 - 100% RA	1. NBM
	PR = 78 bpm	2. w/f P/v bleeding
	BP - 117/78 mmHg	3. Drugs as charted
	P/A - URW	4. I/O monitoring
	LIF - NAB	5. Continue Oxytocin drug x6hr
(Both Babies - NICU)	UO - 40ml :: 1hr.	6. GRBS - 6th hourly.
		monitor vitals
		Inform Sos.

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	S/B Dr Swathi HV	
16/07/2026		
	- day 0 Em LSCS. / GDM OHA	
10 pm	- pt comfortable	Adv
		- start sips of water
	O/E: PR-80bpm	- Follow orders
	BP - 116/80.	- TEDS stocking
U/O	no pallor	- wt [illegible] bleed
	PA: soft ut well (R)	leaver
500ml [illegible]	D dry	- Foleys. removal: 8AM
	RS +/+	
	LE: bleed WNL	
	Baby (?) NICU	- [illegible]
		- FBS/PLBS - Day [illegible]
		Noted by MOUNIKA 10PM
	Dr. Swathi H V Consultant Obstetrics and Gynecology Reg. No: 15501	
17/07/2026		
8:30am	c/s/by Dr. Naveena	
	O/E GC - fair	POD 1 Adv
	Afebrile SpO2 - 99% on RA	- Soft diet
U +	Vitals - stable	- Adequate hydration
	PA: ut retracted well	- drugs as charted
F +	Soft, NT	- w/f PV bleeding
+	Dressing: dry & clean	- Ambulation
S	LLE: PV bleeding WNL	- TED STOCKINGS
	U/O: adequate	- FBS & PPBS on POD2
		- Monitor Vitals
	Baby: Mother side	- Inform SOS

Dr. Naveena

Docu. No. : RCH /FRM / CLINICAL / 088

HNH-00015612 IP26-00006862
Mrs FATIMA BEGUM
04-04-1991 35 Y 3 M 12 D (F)
Dr. SWATHI H V

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	S/B Dr. SWATHI HV	
[illegible] 11:30 AM	day 1 Em. LSCS (GDM/[illegible])	
	- on soft diet	
	pt reviewed:	Advice:
	O/E: vitals	- [illegible] vitals
	PA: cut well(R)	→ soft diet
U ✓	'D dry.	- plenty of fluids
S ✗	B/S ⊕	- Ambulation
flatus passed		
	L/E: NAD	→ [illegible] pain / bleed / fever
	Dr. Swathi H V Consultant Obstetrics and Gynecology Reg. No: 15501	- Inform SOS
	C/S/B Dr. DNG	
17/7/26 2:30 PM	POD 1 / GDM	
		Adv.
	GC fair	- Soft diet
	Baby → NICU	Afebrile	- Adequate hydration
	vitals stable.	- Drugs as charted
	P/A uterus	- Ambulation
U ✓	Retracted	- TED stocking
F ✓	well.	- FBS, PPBS on POD2 (18/7/26)
	L/E NAD.	- Monitor vitals
		Inform SOS

A mouth
B @ 2pm

Docu. No. : RCH /FRM / CLINICAL / 088 (P.T.O)

HNH-00015612 IP26-00006862
Mrs FATIMA BEGUM
04-04-1991 35 Y 3 M 12 D (F)
Dr. SWATHI H V

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
17/7/2026	C/S/b Dr Manshe	
7:30pm	C/let Dr Swathi	
	POD1 / G Dm (CMA)	
		Adv
	Q C Fair Afebrile	
	Vitals stable	→ Soft Diet / Adeq Hydration
	P/A wt well retracted	→ Drugs as chart
Babies - NICU	BS ⊕ mild gaseous distn	→ Inj Metoclopramide 10mg IV slow stat
	PV Bleeding WNL	→ Dulcolax suppository 20mg PR stat
UV		⊛ POD2 - FBS, PPBS to do
F ✓	C/o Pain Abdomen	→ Inform SOS
S✗		→ Ambulation 3rd hourly
		Noted by Anusha 17/7/26.
		[signature]
18/7/2026	C/S/b Dr Manshe	
7:30 Am		
	Q C Fair Afebrile	Adv
	Vitals stable	→ Regular Diet / Adeq hydration
Babies - NICU	P/A wt well retracted	→ Drugs as chart
FBS 70	Soft, BS ⊕	→ PPBS to do + inform
U ✓	PV Bleeding WNL	→ Ambulation
F ✓		→ Inform SOS
S ✓		Noted by Divya [signature]
Had 4-5 Ep loose stools		18/7/26 [signature]
→ Sporolac 2 stat → now controlled		

Docu. No. : RCH /FRM / CLINICAL / 088

HNH-00015612 IP26-00006862
Mrs FATIMA BEGUM
04-04-1991 35 Y 3 M 13 D (F)
Dr. SWATHI H V

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...ESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
18/7/26	C/I/B Dr Mounika	POD-2
	No fresh complaints : morning.	
	O/E pt c/c/c	
	afebrile	
U✓	PR- 84 bpm	Adv
F✓	BP- 113/86 mm	→ Regular diet
FBS-70 S✓	P/A- uterus contracted well	→ Drugs as charted
PPBS-119 mg/dl.	L/E - pv bleeding WNL.	→ T. Sporolac TID
		2—2—2
Both Babies in NICU		→ plenty of oral fluids.
		→ Ambulation
		→ Collect PPBS
		→ Tegaderm dressing.
		Can be discharged.
		[signature]
		N.B. Amrutha 18/7/26 @ 2.
18/07/2026	S/B Dr Swathi HV	
2:25pm	→ pt comfortable ·	Adv
	- no complaints	- ⓝ diet
		- lactation
U✓	O/E! vitals @	counselling
S✓	PA- soft	+ 1/1 T pain relief
	uterus well ⓡ	
Baby in NICU.	'D' dry, ASD done	- plan D/s today. Inform sos
	L/E: NAB	

Dr. Swathi H V
Consultant Obstetrics and Gynecology
Reg. No: 15501

[signature]
M.B- Mounika @ 7pm

Docu. No. : RCH /FRM / CLINICAL / 088 (P.T.O)

HNH-00015612 IP26-00006862
Mrs FATIMA BEGUM
04-04-1991 35 Y 3 M 13 D (F)
Dr. SWATHI H V

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
18/7/26	C/S/B Dr. Dug	
1:35pm	POD-2	
		Adv
	C/C Fair	✓ Regular diet
Baby -I @ NICU.	Afebrile	✓ Adequate hydration
II	Vitals - stable	✓ Drugs as charted
	P/A Uterus Retracted well	✓ Monitor vitals
B/L Breast soft		✓ Inform sos.
	C/E NAD	Noted by Mounyji 18-7-26
UV		
FV		
SV		
19/7/26	C/S/B Dr. Dug	
8:30AM	POD-3.	
		Adv
		- Regular diet
Baby -I @ NICU	C/C fair	- Adequate hydration
II	Afebrile	- Drugs as charted
B/L Breast soft	Vitals stable.	- Monitor vitals
	P/A Uterus Retracted well	Inform sos
UV		Pt can be discharged
FV	C/E NAD	
SV		

HNH-00015612 IP26-00006862
Mrs FATIMA BEGUM
04-04-1991 35 Y 3 M 14 D (F)
Dr. SWATHI H V

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	S/B Dr Swathi HV	
10/2/2026 9AM	- POD-2, pt comfortable.	
	+ Baby in NICU	Advice
		- Plenty of fluids
V/v S/-	- O/E: vitals @	- Ambulation
	PA - soft	
	ut well ®	- Hygiene / Fever / Bleeding
	2° dry	
	LSCS incision healthy	- Plan D/S today
		- Reports
		[signature]
		Dr. Swathi H V Consultant Obstetrics and Gynecology Reg. No: 15501

HNH-00015612
Mrs FATIMA BEGUM
04-04-1991 35 Y 3 M 12 D (F)
Dr. SWATHI H V
IP26-00006862

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MEDICATION RECONCILIATION FORM

Drug Allergies: ..... ☐ Not known any Drug Allergies

Medication Reconciliation will be done at the time of admission and also whenever there is change in the treating team or shifting from one unit to another unit.
(Example: at the time of admission shifting from ICU to Ward, or Ward to ICUs)

Shifting From: ND Shifted to: ND

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	T ~~alb~~ Iron	1 tab	P/o	OD	15/7	☐C ☑DC
2	T. Calcium	1 tab	P/o	OD	15/7	☐C ☑DC
3	Tab Metformin	250mg	P/o	BD	15/7	☐C ☑DC
4	T. Hypronorm	88mg	P/o	OD	16/7	☐C ☐DC
5						☐C ☐DC
6						☐C ☐DC
7						☐C ☐DC
8						☐C ☐DC
9						☐C ☐DC
10						☐C ☐DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Mr D Manohar

Date & Time : 16/7/21 @ 2:30pm

Nurse Name & Signature: Madhumita @ Madhy

Date & Time : 16/7/21 @ 2:30pm

HNH-00015612 IP26-00006862
Mrs FATIMA BEGUM
04-04-1991 35 Y 3 M 12 D (F)
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DRUG CHART

Date of Admission: 16/7/26 Drug Allergies: Nil ☐ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

GENERAL - Ensure that all patient details are entered above. ONLY A DOCTOR SHALL WRITE MEDICATION ORDERS.

DOCTOR - Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).
- Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English instructions.
- Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.
- Discontinue a drug by drawing a line *I* through it and a similar line through subsequent recording panels.
- The date and time of stopping the drug along with the doctors name and sign must be mentioned.
- Only one chart should be in use at any one time. When the chart is full, a new supplement can be kept within this drug sheet folder.

NURSES - Nurses must follow strictly the FIVE RIGHTS before administration of medication.
1) Right Patient 2) Right Drug 3) Right Dosage 4) Right Route 5) Right Time
- AVOID TAKING VERBAL ORDERS. NO VERBAL ORDERS FOR HIGH RISK/HIGH ALERT MEDICINES (EXCEPT FIRST DOSE OF EPINEPHRINE DURING CPR). Follow Hospitals's Verbal Order Policy.

SOS / PRN (As Required Medication)

DRUG :				Date / Time
Dose	Route	Frequency	Start Date	
Doctor's Signature		Valid Period	Pharm.	
Additional Instructions:				

DRUG :				Date / Time
Dose	Route	Frequency	Start Date	
Doctor's Signature		Valid Period	Pharm.	
Additional Instructions:				

DRUG :				Date / Time
Dose	Route	Frequency	Start Date	
Doctor's Signature		Valid Period	Pharm.	
Additional Instructions:				

VERIFIED BY : Name ..... Signature .....

HNH-00015612 IP26-00006862
Mrs FATIMA BEGUM
04-04-1991 35 Y 3 M 12 D (F)
Dr. SWATHI H V

REGULAR PRESCRIPTIONS

Weight. ..... Ward. .....

DRUG : INJ. CEFOTAXIME

Dose	Route	Frequency	Start Date
1g	IV	BD	16/7/26

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions: (test dose) x24h → if/b oral.

Daily Doctor's Endorsement by a Sign

Date / Time: 16/7 3 PM ✓ 3 PM ✓ — 17/7/26 ✓ — Stop

DRUG : PARACETAMOL

Dose	Route	Frequency	Start Date
1gm	IV	TID	16/7

Name & Signature of the Doctor Starting the Drugs: DHAMIR

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time: 16/7/26 6AM ✓ — 17/7/26 ✓ — 18/7/26 ✓ — 2PM ✓ — 10PM ✓ — stop after Night dose. — IV. Drug

DRUG : TRAMADOL

Dose	Route	Frequency	Start Date
100mg	P/O	TID	16/7

Name & Signature of the Doctor Starting the Drugs: DHAMIR

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time: 16/7/26 7AM ✓ — 17/7 ✓ — 18/7 ✓ — 19/7/26 ✓ — 3PM ✓ — 11PM ✓

DRUG : DICLOFENAC

Dose	Route	Frequency	Start Date
50mg	P/O	TID	16/7

Name & Signature of the Doctor Starting the Drugs: DHAMIR

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time: 16/7/26 7AM ✓ — 17/7 ✓ — 18/7 ✓ — 19/7/26 ✓ — 3PM ✓ — 11PM ✓

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Sheet No: .....

REGULAR PRESCRIPTIONS

Weight ..... Ward .....

DRUG : T. PANTOPRAZOLE

Dose	Route	Frequency	Start Dt.
40mg	P/o	OD	16/7

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date → / Time	16/7/26	17/7/26
6AM	X	
6PM	—	

DRUG : T. THYRONORM

Dose	Route	Frequency	Start Dt.
88mg	P/o	OD	17/7

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date → / Time	17/7/26	18/7/26	19/7/26
6AM			

DRUG : T. CEFIXIME

Dose	Route	Frequency	Start Dt.
200mg	PO	BD	17/7

Name & Signature of the Doctor Starting the Drugs:
S. Mondala

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date → / Time	17/7	18/7/26	19/7/26
8PM	—		
8PM	3PM		

DRUG : T. PANTOPRAZOLE

Dose	Route	Frequency	Start Dt.
40mg	PO	OD	18/7

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date → / Time	18/7/26	19/7/26
6AM		

HNH-00015612 IP26-00006862
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Dr. SWATHI H V

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Sheet No: .....

REGULAR PRESCRIPTIONS

Weight ..... Ward .....

DRUG : TAB. SPOROLAC

Dose	Route	Frequency	Start Dt.
2tabs	PO	TID	18/7

Name & Signature of the Doctor Starting the Drugs: Mandila

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	18/7	19/7/20
6AM	X	
	12PM	
7PM		
10PM		

DRUG : TAB. LACTARE

Dose	Route	Frequency	Start Dt.
2tab	PO	BD	18/7

Name & Signature of the Doctor Starting the Drugs: Mandila

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	18/7	19/7/20
7AM	X	
	12PM	
3PM		
11PM		

DRUG : PARACETAMOL

Dose	Route	Frequency	Start Dt.
1g	PO	TID	18/7

Name & Signature of the Doctor Starting the Drugs: Dr. Dhra

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	19/7/20
6AM	
2PM	
10PM	

DRUG : DOMPERIDONE

Dose	Route	Frequency	Start Dt.
10mg	PO	BD	19/7

Name & Signature of the Doctor Starting the Drugs: Dr. Dhra

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time

VERIFIED BY Name Signature

HNH-00015812 IP26-00006862
Mrs FATIMA BEGUM
04-04-1991 35 Y 3 M 12 D (F)
Dr. SWATHI H V

Weight. ..... Ward. .....

	Date▸ Time		Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.
DRUG :		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Route / Start Date		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Name & Signature of the Doctor		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Additional Instructions:		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	

VARIABLE DOSE	Date▸ Time		Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.
DRUG :		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Route / Start Date		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Name & Signature of the Doctor		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Additional Instructions:		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	

VERIFIED BY : Name ..... Signature .....

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
16/7/26	3pm	INJ. METOCLOPROMIDE	10mg	IV		Anjali
16/7/26	3pm	INJ. PANTOPRAZOLE	40mg	IV		Anjali Madhu
16/7	330pm	TRANEXAMIC ACID	1gm	IV		pallavi
16/7	430pm	DICLOFENAC	100mg	PR		
16/7	430pm	TRAMADOL	100mg	PR		
16/7	7:30pm	PCM INJ. PARACETAMOL	1000mg	IV		Mouni Anusha.
17/7	1am	DULCOLAX SUPPOSITORIES	10mg	PR		
17/7	7:30pm	INJ METOCLOPRAMIDE	10mg	IV SLOW		Anusha
18/7	1Am.	TAB SPASMOLAC	2 tab	PO		

Mrs FATIMA BEGUM
04-04-1991 35 Y 3 M 12 D (F)
Dr. SWATHI H V

I.V. FLUIDS CHART

Weight. ..... Ward. .....

Date	Time	Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
6/7/26	3pm	RINGER LACTATE	IV	100ml/hr			15/7		
16/7	330 pm	RINGER LACTATE	IV	FF			15/7		
16/7	315pm	RINGER LACTATE + 9U OXYTOCIN	IV	150			15/7		
16/7	330pm	RINGER LACTATE	IV	FF			15/7		
16/7	6pm	RINGER LACTATE	IV	100 ml/L			15/7		
10/7	8pm	DNS ~~DEXTROSE~~ NORMAL SALINE.	IV	1 amp			16/7		
14/7/26	3Am	RL RINGER LACTATE.	IV	100ml/hr			17/7		
17/7/26	7Am	RINGER LACTATE	IV	100ml/hr			17/7		
		STOP							
		Dna							

VERIFIED BY : Name ..... Signature .....

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
HNH-00015612 IP26-00006862 Mrs FATIMA BEGUM 04-04-1991 35 Y 3 M 12 D (F) Dr. SWATHI H V	16/7/26 @2:38pm	16/7/26 @3pm
	Transfer Ordered by Dr manisha	Reason for Transfer EM-LSCS
From Unit pre-post	To Unit OT	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 28	Number of Imaging Films NIL Twins	Personal belongings including clinical documents. If any handed over to attendant Yes ☑ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	RL on flow	1
2.		
3.		
4.		
5.		

Shifting Summary / Notes Written by Doctor : Yes ☑ No ☐

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Anusha D	Dr. Manisha.

Patient & Clinical Records Received by :
16/7/26.

Date & Time of Patient Received : Pooja @ 10:50pm

If the transfer order time & Completion time is more than 30 minutes, please tick the reason mentioned below :

☐ *Unavailable Bed* ☐ *Nurse not Available* ☐ Available Bed not ready

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
HNH-00015612 IP26-00006862 Mrs FATIMA BEGUM 04-04-1991 35 Y 3 M 12 D (F) Dr. SWATHI H V	16/7/26 2:25pm	16/7/26
	Transfer Ordered by Dr. Swathi HV	Reason for Transfer Obs
From Unit pre post	To Unit ROOM (303)	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 35	Number of Imaging Films NST - (1)	Personal belongings including clinical documents. If any handed over to attendant Yes ☑ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	RL - 100ml	(1)
2.		
3.		
4.		
5.		

Shifting Summary / Notes Written by Doctor : Yes ☐ No ☐

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Sis. Mounika.	Dr. Swathi.

Patient & Clinical Records Received by : Divya 16/7/26 @ 10:30pm

Date & Time of Patient Received :

If the transfer order time & Completion time is more than 30 minutes, please tick the reason mentioned below :

☐ Unavailable Bed ☐ Nurse not Available ☐ Available Bed not ready

HNH-00015612 IP26-00006862
Mrs FATIMA BEGUM
04-04-1991 35 Y 3 M 13 D (F)
Dr. SWATHI H V

303

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NUTRITIONAL ASSESSMENT FOR OBSTETRICS PATIENTS

Date: 17/7/26 Time: 8:45 Am

Origin: Indian Height: 160 cm Weight: 89.9 Kg BMI: ☐ ~ 26 kg/m² ☐ ~ 28 kg/m² ☐ ~ 30 kg/m²
35 Kg/m²

Food Allergies: NIL

Diagnosis: LSCS

Type of Diet: ☐ Liquid ☑ Soft ☐ Normal ☐ Diabetic
☐ Vegetarian ☑ Non-Vegetarian ☐ Vegan

Diet Advised:

Liquid Diet – ORS/ Coconut Water / Butter Milk / Barley Water / Soups

Normal Diet – Rice, Rotis, Dal and Soft Cooked Vegetables and Curd

Soft Diet – Soft Rice, Dal and Vegetable Curries Soft Cooked, Curd

Diabetic Diet – Brown Rice / Oats/ Dahlia/ Rotis, Dal and Vegetables and Curd (Avoid Roots / Tubers)

Patient's / Attendant's

Signature: Fatima

Name: Fatima Begum

Date & Time: 17/7/26, 8:45 am

Dietician's

Signature: Sobiya

Name: Syeda Sobiya Zaheer

Date & Time: 17/7/26, 8:45 am

DIETARY NOTES

Date	Time	Notes	Sign

INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE

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Patient Name : Mrs Fatima Gender: ☐ Male ☑ Female Age : 35Y1

UHID No : HNH-0001561 2 Date : 16/7/2026

Instruction:
This consent form should be signed by Patient (If an adult 18 years or older) or by a parent / guardian, if the patient is a minor or lacks the ability to make an informed decision. The purpose of this form is to verify that you have received this information and have given your consent to the surgery or special procedure recommended to you.

I hereby authorize the performance of the following operation (s) or procedure (s) (use no abbreviation / Avoid technical terms)

EMERGENCY LOWER SEGMENT CAESAREAN SECTION

upon

(Name of the Patient) Mrs Fathima.

I have been advised of the benefits and reason of the procedure(s) as indicated by the clinical observations and / or diagnostics performed. I recognized that the practice of medicine is as much an art as a science and therefore acknowledge that no guarantees have been or can be made regarding the likelihood of success or outcomes. My questions regarding the condition, the proposed surgery and the outcome have been answered to my satisfaction prior to signing this form by the surgeon.

I have been explained the risks of this surgery /procedure and also about the reasonable alternative and the relevant risks, benefits and side effects related to such alternatives, including the possible results of not receiving care or treatment.

I have been explained that the following complications though rare are possible and will not hold Surgeon, Anesthesiologist or the hospital staff responsible for any untoward event thereof.

Bleedy, Infection, inadvertent injury to Bowel, Bladder or Bladder, Blood vessel, clavus of Blood transfusion

My signature on this form indicates that

1. I have read and understood the information provided in this form
2. My doctor had adequately explained to me the operation or procedure along with the complications written above, along with the risks, benefits and other information.
3. I have had a chance to ask my surgeon questions.
4. I have received all the information I desire concerning the operation or procedure and
5. I authorize the consent to the performance of the operation or procedure.

Name of the Doctor who is performing the Surgery / Procedure: Dr Swathi HV

Consentee :

Signature :

Name : Mrs Fatima

Date & Time : 16/7/2026 @ 2:15pm

Witness :

Signature : Madhumitha

Name : Madhu

Date & Time : 16/7/26 @ 2:15pm

Patient Attendant :

Signature : Imran

Name : Mohd. Imran.

Relationship with Patient: Husband

Date & Time : 16/7/2026 @ 2:15pm

Doctor (who is taking the consent) :

Signature :

Name : Dr Mamta

Date & Time : 16/7/2026 @ 2:15pm

INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE

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Patient Name : Mrs Fatima Gender: ☐ Male ☑ Female Age : 35yr

UHID No : HNH - 0001561 2 Date : 16/7/2026

Instruction:
This consent form should be signed by Patient (If an adult 18 years or older) or by a parent / guardian, if the patient is a minor or lacks the ability to make an informed decision. The purpose of this form is to verify that you have received this information and have given your consent to the surgery or special procedure recommended to you.

I hereby authorize the performance of the following operation (s) or procedure (s) (use no abbreviation / Avoid technical terms)

BILATERAL TUBAL LIGATION

upon

(Name of the Patient)

I have been advised of the benefits and reason of the procedure(s) as indicated by the clinical observations and / or diagnostics performed. I recognized that the practice of medicine is as much an art as a science and therefore acknowledge that no guarantees have been or can be made regarding the likelihood of success or outcomes. My questions regarding the condition, the proposed surgery and the outcome have been answered to my satisfaction prior to signing this form by the surgeon.

I have been explained the risks of this surgery /procedure and also about the reasonable alternative and the relevant risks, benefits and side effects related to such alternatives, including the possible results of not receiving care or treatment.

I have been explained that the following complications though rare are possible and will not hold Surgeon, Anesthesiologist or the hospital staff responsible for any untoward event thereof.

Permanent Procedure, Irreversible
Chances of Failure 1:250
Rarely Ectopic Chances

My signature on this form indicates that

1. I have read and understood the information provided in this form
2. My doctor had adequately explained to me the operation or procedure along with the complications written above, along with the risks, benefits and other information.
3. I have had a chance to ask my surgeon questions.
4. I have received all the information I desire concerning the operation or procedure and
5. I authorize the consent to the performance of the operation or procedure.

Name of the Doctor who is performing the Surgery / Procedure: Dr Swathi HV

Consentee :
Signature :
Name : Mrs Fatima.
Date & Time : 16/7/2026 @ 2:30pm

Patient Attendant :
Signature :
Name : Mohd. Imran.
Relationship with Patient: Husband.
Date & Time : 16/7/2026 @ 2:30pm

Witness :
Signature : Madhu
Name : Madhumitha
Date & Time : 16/7/26 @ 2:30pm

Doctor (who is taking the consent) :
Signature :
Name : Dr Manasa
Date & Time : 16/7/2026 @ 2:30pm

HNH-00015612 IP26-00006862
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Dr. SWATHI H V

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RESULT SHEET

Date	16/7					
Time	2.32					
Hb	10.6					
PCV	31.3					
RBC	4.48					
WBC	8.96					
N/L	74.5/20.3					
Platelets	208					
CRP						
ESR						
PCT						
RBS						
Na						
K						
Cl						
Ca/Mg						
Phosphate						
Urea						
Creatinine						
ALP						
SGPT						
SGOT						
T.Bill/Conj						
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

Date						
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						

Blood group AB+ve

2 @ PRBC Released

HIV
HCV
HBsAg
NR

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

Others (ECG, Contrast Studies etc.,) : .....

HNH-00015612 IP26-00006862
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Early Warning Observation Score Chart - Obstetrics

CONTACT DOCTOR FOR EARLY INTERVENTION IF PATIENT TRIGGERS ONE ORANGE OR TWO YELLOW SCORES AT ANY ONE TIME

16/7

		Date																						
		Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																									
	21 - 30																									
	11 - 20								20		20	20	20	20	20	20	20				20				20	
	0 - 10																									
Saturations	94 - 100 %								99%		99	99	99	99	99	99	99				99%				98%	
	< 94 %																									
Administered O_2 (L/min.)																										
Temp°c	40																									
	39																									
	38																									
	37								36		36	36	36	36	36	36	36				37				37	
	36																									
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90																									
	80								84		86	84	84	84	84	84	76				81				72	
	70																									
	60																									
	50																									
	40																									
Systolic Blood Pressue ↑	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130																									
	120								116		114	123	111	112	114	102	104				116				111	
	110																									
	100																									
	90																									
	80																									
	70																									
	60																									
	50																									
	40																									
Diastolic Blood Pressure ↓	130																									
	120																									
	110																									
	100																									
	90																									
	80								74		75	82	83	81	72	78	82				76				86	
	70																									
	60																									
	50																									
	40																									
NEURO RESPONSE [✓]	Alert								✓		✓	✓	✓	✓	✓	✓	✓				✓				✓	
	Voice																									
	Pain																									
	Unresponsive																									
URINE mls / hour	> 30																				✓				✓	
	< 30																									
Proteinuria	Protein + +																									
	Protein > + +																									
Lochia	Normal																				✓				✓	
	Heavy / Foul																									
Liquor	Clear / Pink																				✓				✓	
	Green																									
TOTAL YELLOW SCORES									0		0	0	0	0	0	0	0				0				0	
TOTAL ORANGE SCORES																										
Nurse Initial																										

HNH-00015612 IP26-00006862
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Dr. SWATHI H V

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Your Right to a Safe Delivery

Early Warning Observation Score Chart - Obstetrics

CONTACT DOCTOR FOR EARLY INTERVENTION IF PATIENT TRIGGERS ONE ORANGE OR TWO YELLOW SCORES AT ANY ONE TIME

8/7/26	Date																						
	Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																								
	21 - 30																								
	11 - 20			20				20				22				20				20				20	
	0 - 10																								
Saturations	94 - 100 %			98%				98%				99%				98%				99%				98%	
	< 94 %																								
Administered O_2 (L/min.)																									
Temp°c	40																								
	39																								
	38																								
	37			96.2F				97.3F				96.3F				98.1F				97.4F				98.6F	
	36																								
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80			79				72				75				82				93				92	
	70																								
	60																								
	50																								
	40																								
Systolic Blood Pressue ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120			116				112				128				113				113				114	
	110																								
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
	40																								
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70			72				69				82				73				73				81	
	60																								
	50																								
	40																								
NEURO RESPONSE [✓]	Alert			–				–				–				–				–				–	
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30			–				–				–				–				–				–	
	< 30																								
Proteinuria	Protein + +																								
	Protein > + +																								
Lochia	Normal			–				–				–				–				–				–	
	Heavy / Foul																								
Liquor	Clear / Pink			–				–				–				–				–				–	
	Green																								
TOTAL YELLOW SCORES				0				0				0				0				0				0	
TOTAL ORANGE SCORES				0				0				0				0				0				0	
Nurse Initial				SK				e				d				d				e				e	

HNH-00015612 IP26-00006862
Mrs FATIMA BEGUM
04-04-1991 35 Y 3 M 12 D (F)
Dr. SWATHI H V

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Early Warning Observation Score Chart - Obstetrics

CONTACT DOCTOR FOR EARLY INTERVENTION IF PATIENT TRIGGERS ONE ORANGE OR TWO YELLOW SCORES AT ANY ONE TIME

18/7/26	Date																						
	Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																								
	21 - 30																								
	11 - 20			20				20				20				20				20				20	
	0 - 10																								
Saturations	94 - 100 %			99%				99%				99%								98%				99%	
	< 94 %																								
Administered O_2 (L/min.)																99%									
Temp°c	40																								
	39																								
	38																								
	37																								
	36			36°				36°				98.4				36°				99.4				98.2	
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80			80				79				82				72				82				78	
	70																								
	60																								
	50																								
	40																								
Systolic Blood Pressue ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120			118				110				142				122				114				126	
	110																								
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70			73				74																	
	60																								
	50																								
	40																								
NEURO RESPONSE [✓]	Alert			✓				✓				✓				✓				✓				✓	
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30			✓				✓				✓				✓				✓				✓	
	< 30																								
Proteinuria	Protein + +																								
	Protein > + +																								
Lochia	Normal			✓				✓				✓				✓				✓				✓	
	Heavy / Foul																								
Liquor	Clear / Pink			✓				✓				✓				✓				✓				✓	
	Green																								
TOTAL YELLOW SCORES				0				0				0				0				0				0	
TOTAL ORANGE SCORES				0				0				0				0				0				0	
Nurse Initial				SH				SH				SH				SH				SH				SH	

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CONTACT DOCTOR FOR EARLY INTERVENTION IF PATIENT TRIGGERS ONE ORANGE OR TWO YELLOW SCORES AT ANY ONE TIME

		Date																							
		Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																									
	21 - 30																									
	11 - 20																									
	0 - 10																									
Saturations	94 - 100 %																									
	< 94 %																									
Administered O_2 (L/min.)																										
Temp°c	40																									
	39																									
	38																									
	37																									
	36																									
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70																									
	60																									
	50																									
	40																									
Systolic Blood Pressue ↑	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70																									
	60																									
	50																									
Diastolic Blood Pressure ↓	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70																									
	60																									
	50																									
	40																									
NEURO RESPONSE [✓]	Alert																									
	Voice																									
	Pain																									
	Unresponsive																									
URINE mls / hour	> 30																									
	< 30																									
Proteinuria	Protein + +																									
	Protein > + +																									
Lochia	Normal																									
	Heavy / Foul																									
Liquor	Clear / Pink																									
	Green																									
	TOTAL YELLOW SCORES																									
	TOTAL ORANGE SCORES																									
	Nurse Initial																									

HNH-00015812
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Dr. SWATHI H V

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FLUID CHART

Sheet No. : 1

1. All measurements in ml.
2. Add up each column separately. Make additions across the page to obtain 24 hrs. total of intake and output.

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :								**Total Output :**				
16/7	02:00 pm	RL		100ml								
	03:00 pm	RL	N	100ml								
	04:00 pm	RL	B	100ml								
	05:00 pm	RL	M	100ml						100ml		
	06:00 pm	RL		100ml								
	07:00 pm	RL		100ml								
Total Intake :		600ml						**Total Output :**		Passed		
17/7	08:00 pm	RL	coconut water	100ml						1000ml		
	09:00 pm	DNS	coconut water	100ml								
	10:00 pm	DNS	coconut water	100ml								
	11:00 pm	DNS	H2O	100ml						150ml		
	12:00 am	DNS		100ml								
	01:00 am	DNS										
Total Intake :		taken						**Total Output :**		U — M —		
17/7/26	02:00 am	DNS	H2O	100ml								
	03:00 am	RL		100ml								
	04:00 am	RL		100ml						100ml		
	05:00 am	RL		100ml								
	06:00 am	RL		100ml								
	07:00 am	RL		100ml						200ml		
Total Intake :								**Total Output :**		U — M —		

Total 24 hrs. Intake		Total 24 hrs. Output	

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BirthRight™ BY RAINBOW HOSPITALS
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FLUID CHART

Sheet No. : 2

1. All measurements in ml.
2. Add up each column separately. Make additions across the page to obtain 24 hrs. total of intake and output.

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
17/7	08:00 am	L					L			100ml	1	foley's removed. emmy
	09:00 am											
	10:00 am	0	Idly + H2O		NA		0	NA		✓	0	
	11:00 am	J									1	
	12:00 pm						J			✓		
	01:00 pm											
Total Intake : Taken						**Total Output :** m - 0					V-	
17/7/26	02:00 pm											
	03:00 pm											
	04:00 pm		Opmg									
	05:00 pm	0	+		NA		0	NA			0	
	06:00 pm		H2O									
	07:00 pm											
Total Intake :						**Total Output :**						
17/7/26	08:00 pm											
	09:00 pm		Idly H2O									
	10:00 pm	0			N/A		✓	NA		✓	1	
	11:00 pm											
	12:00 am											
	01:00 am						✓					
Total Intake : Taken						**Total Output :** U - M-						
18/7/26	02:00 am						✓					
	03:00 am											
	04:00 am	0			N/A			NA		✓		
	05:00 am										0	
	06:00 am											
	07:00 am											
Total Intake :						**Total Output :** U - M-						

Total 24 hrs. Intake		Total 24 hrs. Output	

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BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

FLUID CHART

Sheet No. : .....

1. All measurements in ml.
2. Add up each column separately. Make additions across the page to obtain 24 hrs. total of intake and output.

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
18/7/26	08:00 am		Idli Sambar							✓		
	09:00 am											
	10:00 am	6			NA		6		NA		0	
	11:00 am									✓		
	12:00 pm											
	01:00 pm			✓						✓		
Total Intake :						**Total Output :**				U-3	M-0	
18/7/26	02:00 pm											
	03:00 pm		Rice chapathi				✓					
	04:00 pm	0								✓		
	05:00 pm				NA			NA			0	
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
19/7/26	08:00 pm											
	09:00 pm		Khichdi chapathi soup									
	10:00 pm						0			✓		
	11:00 pm	0			NA			NA			0	
	12:00 am											
	01:00 am											
Total Intake :						**Total Output :**				U —	M —	
19/7/26	02:00 am											
	03:00 am											
	04:00 am		HLO							✓		
	05:00 am	0			NA		0		NA		0	
	06:00 am									—		
	07:00 am											
Total Intake :						**Total Output :**				U —	M —	

Total 24 hrs. Intake		Total 24 hrs. Output	

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Sheet No. : .....

1. All measurements in ml.
2. Add up each column separately. Make additions across the page to obtain 24 hrs. total of intake and output.

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						Total Output :						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						Total Output :						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						Total Output :						
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						Total Output :						

Total 24 hrs. Intake		Total 24 hrs. Output	

HNH-00015612 IP26-00006862
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NURSING CARE RECORD

Rainbow® Children's Hospital
It takes a lot to treat the little.

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date: 16/7/26

Goals

- ☐ Maintain Airway and Oxygenation
- ☐ Relieve Pain & Discomfort
- ☐ Maintain Fluid Balance
- ☐ Improve Activity Tolerance
- ☐ Maintain Good Nutritional Status
- ☐ Maintain Skin Integrity
- ☐ Maintain Personal Hygiene
- ☐ Prevent Infection
- ☐ Meet Elimination Needs
- ☐ Ensure Safety
- ☐ Early Ambulation Reduce Anxiety
- ☐ Patient & Family Education
- ☐ Identify Potential Complications
- ☐ Any Others. Specify.....

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning				MA			
Afternoon	2pm 2 8pm	→ Plan for vitals → Plan for I/O chart. → Plan for medication	2pm 8pm	→ Vitals checked & recorded. → Maintain I/O chart. → All medications given	→ Vitals normal	→ PT's stable	Madhu
Night	8pm to 8am	→ Assess the pt condition → Monitor vitals → Maintain I/O chart	8pm to 8am	→ Assessed pt condition → Monitored vitals → Maintain I/O	Now pt is stable	Re-check vitals	Mani

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NURSING CARE RECORD

Rainbow® Children's Hospital — It takes a lot to treat the little.
BirthRight™ BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

Date: 17/7/26

Goals

- ☐ Maintain Airway and Oxygenation
- ☐ Maintain Personal Hygiene
- ☐ Identify Potential Complications
- ☐ Relieve Pain & Discomfort
- ☑ Prevent Infection
- ☐ Any Others. Specify.....
- ☐ Maintain Fluid Balance
- ☐ Meet Elimination Needs
- ☑ Improve Activity Tolerance
- ☐ Ensure Safety
- ☐ Maintain Good Nutritional Status
- ☐ Early Ambulation Reduce Anxiety
- ☐ Maintain Skin Integrity
- ☐ Patient & Family Education

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8 Am	→ Assess the pt condition → monitoring vitals checked and recorded → I/O charts maintain	8 Am	→ Assessed the pt condition → Administration & medication given as per doctor orders	→ pt is stable	→ Re-checked vitals	A
	2pm		2pm				
Afternoon	2pm	→ Assess pt condition → monitor the vitals → Maintain I/O chart → Administer medication as per drug chart	2pm	→ Assessed pt condition → Monitored vitals → Maintained I/O chart → Administered medication as per drug chart	Patient is stable	Re-checked vitals	
	to		to				
	8pm		8pm				
Night	8pm	→ Assess the pt condition → monitor vitals & recorded → maintain I/O chart → administer medication as per drug chart	8pm	→ Assessed the pt condition → monitored vitals & recorded → maintained I/O chart → medication as per drug chart	→ Pt is stable	→ rechecked vitals	
	8am		8am				

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NURSING CARE RECORD

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Your Right to a Safe Delivery

Date: 18/2/26

Goals

- ☐ Maintain Airway and Oxygenation
- ☐ Relieve Pain & Discomfort
- ☑ Maintain Fluid Balance
- ☐ Improve Activity Tolerance
- ☑ Maintain Good Nutritional Status
- ☐ Maintain Skin Integrity
- ☑ Maintain Personal Hygiene
- ☑ Prevent Infection
- ☐ Meet Elimination Needs
- ☑ Ensure Safety
- ☐ Early Ambulation Reduce Anxiety
- ☑ Patient & Family Education
- ☐ Identify Potential Complications
- ☐ Any Others. Specify.....

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon							
Night	8pm to 8am	- Assess the patient condition - Monitor the V/S - Maintain the I/O - Drug as per chart	8pm to 8am	- Assess the patient condition - Monitor the V/S - Maintain the I/O - Drug as per chart	- Now patient is stable	- Rechecked the V/S	

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NURSING CARE RECORD

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Date: .....

Goals

- ☐ Maintain Airway and Oxygenation
- ☐ Relieve Pain & Discomfort
- ☐ Maintain Fluid Balance
- ☐ Improve Activity Tolerance
- ☐ Maintain Good Nutritional Status
- ☐ Maintain Skin Integrity
- ☐ Maintain Personal Hygiene
- ☐ Prevent Infection
- ☐ Meet Elimination Needs
- ☐ Ensure Safety
- ☐ Early Ambulation Reduce Anxiety
- ☐ Patient & Family Education
- ☐ Identify Potential Complications
- ☐ Any Others. Specify.....

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon							
Night							

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BRADEN 'Q' SCALE

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					Date : 16/7	16/7	17/7	17/7
					Time : 8pm	2	06	12
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4	4	4	4
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4	4	4	4
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	4
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	4
FRICTION-SHEAR **Friction** Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4	4	4
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	4	4	4	4
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4	4
				TOTAL SCORE	20	20	23	24
				Evaluator's Name				

Severe Risk : less than 9 | High Risk : 10-12 | Moderate Risk : 13-14 | Mild Risk : 15-18 | Not at Risk: 19-23

Docu. No. : RCH /FRM / CLINICAL / 119

Risk Score	Category	Action	Support Surfaces (Please Note: Only required for children who are deemed at risk due to altered mobility, consider occupation therapy referral for advice
15-18	At Risk	• Regular Turning Schedule • Enable as much activity as possible • Protect the heels • Use pressure redistribution surfaces • Manage moisture, friction and shear • Advance to a higher level of risk if other major risk factors are present	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
13-14	Moderate Risk	• Use the Same Protocol as for **"At Risk"** Patients • Position patient at 30 degree lateral incline using foam wedges	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
10-12	High Risk	• Follow the same protocol as for **"Moderate Risk"** Patients • In addition to regular turning schedule • Make small shifts in their position frequently	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
Less than 9	Severe Risk	• Use same protocol as for **"High Risk"** Patients • Add a pressure redistribution surface for patients with severe pain or with additional risk factors.	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay

HNH-00015612 IP26-00006862
Mrs FATIMA BEGUM
04-04-1991 35 Y 3 M 13 D (F)
Dr. SWATHI H V

BRADEN 'Q' SCALE

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				Date :	17/7/18	18/7		
				Time :	Night	Night		
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4	4		
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4	4		
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4		
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4		
FRICTION-SHEAR **Friction** Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4		
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				TOTAL SCORE	24	28		
				Evaluator's Name	[redacted]	G		

Severe Risk : less than 9 | High Risk : 10-12 | Moderate Risk : 13-14 | Mild Risk : 15-18 | Not at Risk: 19-23

Risk Score	Category	Action	Support Surfaces (**Please Note:** Only required for children who are deemed at risk due to altered mobility, consider occupation therapy referral for advice
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CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1			DAY-2			DAY-3			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0		0	0	0	0	0	0	0	0	
2	One of the following signs is evident : * Slight pain near the IV Site / * Slight redness near IV Site	Possibly first signs of phlebitis / Observe cannula	1		NA	NA	NA	NA	NA	NA	NA	NA	
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2		NA	NA	NA	NA	NA	NA	NA	NA	
4	All of the following Signs are evident : Pain along Path of cannula Redness around Site Swelling	Medium stage of phlebitis / Resite Cannula Consider Treatment	3		NA	NA	NA	NA	NA	NA	NA	NA	
5	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord	Advanced stage of phlebitis or the start of thrombophlebitis / Re site Cannula Consider Treatment	4		NA	NA	NA	NA	NA	NA	NA	NA	
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cordpyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5		NA	NA	NA	NA	NA	NA	NA	NA	
		Signature of the Nurse											

NOTE : Phlebitis greater than grade 2 should be reported to physicians and other appropriate health care personal ongoing observation of the site should continue for 48 hours post removal to detect post infusion phlebitis.

Signature of Shift In Charge :

Signature : ..... Name : Anusha-D

Signature of Ward In Charge :

Signature : ..... Name : Kasturi

Patient Sticker

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CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1			DAY-2			DAY-3			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0										
2	One of the following signs is evident : * Slight pain near the IV Site / * Slight redness near IV Site	Possibly first signs of phlebitis / Observe cannula	1										
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2										
4	All of the following Signs are evident : Pain along Path of cannula Redness around Site Swelling	Medium stage of phlebitis / Resite Cannula Consider Treatment	3										
5	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord	Advanced stage of phlebitis or the start of thrombophlebitis / Re site Cannula Consider Treatment	4										
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cordpyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5										
		Signature of the Nurse											

NOTE : Phlebitis greater than grade 2 should be reported to physicians and other appropriate health care personal ongoing observation of the site should continue for 48 hours post removal to detect post infusion phlebitis.

Signature of Shift In Charge :

Signature : ..... Name : .....

Signature of Ward In Charge :

Signature : ..... Name : .....

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Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	16/7/26	16/7	17/7
		Score		AM	PM
History of Falling (immediately or w/in 3 months)	Yes	25			
	No	0	0		0
Secondary Diagnosis (more than one diagnosis)	Yes	15	15		15
	No	0	0	0	0
Ambulatory Aid	Furniture	30			
	Crutches, Cane(S), Walker	15			
	None /Bed Rest /Nurse Assist	0	0	0	0
IV / Heparin Lock or Saline	Yes	20	20	20	20
	No	0	0		
GAIT / Transferring	Impaired	20			
	Weak (uses touch for balance)	10			
	Normal /On Bed Rest /Immobile	0	0		0
Mental Status	Forgets limitations	15			
	Oriented to own ability	0	0		0
Total Morse Fall Scale Score:			35	20	35
		Signature			

Fall Risk Grading		
Risk Level	**Morse Fall Score (MFS)**	**Action**
Low Risk	0 - 24	Standard Fall Precaution
Moderate Risk	25 - 50	Implement Moderate Fall Prevention Intervention
High Risk	≥ 51	Implement High Risk Fall Prevention Intervention

Tick (✓) whichever precaution taken.

Risk Level and Interventions

Low Risk (0 – 24) (Standard Falls Precautions)

- ☐ Ensure patients use their prescribed eye glasses if any, in the hospital
- ☐ Use chairs with arm rests
- ☐ Use safety straps on stretchers and wheelchairs while transporting patients

Moderate Risk (25-50) Apply all low risk intervention and

- ☐ Assist and/or supervise ambulation. Reinforce to always call for assistance
- ☐ Hourly safety check
- ☐ Assess patient after visitors, leave to ensure safety measures in place

High Risk (≥ 51) Apply all low and moderate risk interventions, and.

- ☐ Initiate constant observation by healthcare provider as appropriate to patient's needs

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PAIN ASSESSMENT FORM

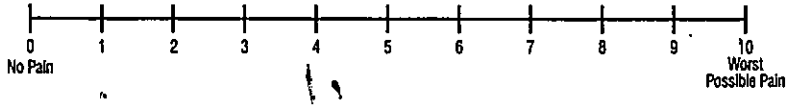
Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
16/7	2pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
16/7	4pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
16/7	8pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
16/7	8pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
17/7	10Am	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
17/7	2pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
17/7	6pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
17/7/26	10Pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
18/7	10am	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
18/7	10pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	

Re-assessment Frequency:

1. Every eight hours for all hospitalized patients.
2. For post-surgical patients, patients with chronic pain, patient with severe pain:
   a) At least every 2 hours for the first 24 hours
   b) Then every 4 hours.
   c) Prior to pain pain-relieving intervention.
   d) Within 30 – 60 minutes after pain relief intervention.

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

CATEGORY	SCORING		
	0	1	2
Face	No Particular expression or smile	Occasional Grimace or Frown, withdraw, Disoriented	Frequent to constant frown, quivering chin, clenched jaw
Legs	Normal Position or Relaxed	Uneasy, restless, tense	Kicking, or legs brawn up
Activity	Laying quietly normal position, moves easily	Squirming shifting back and forth, tense	Arched, right, or Jerking
Cry	No Cry (Awake or asleep)	Moans or whimpers occasional complaint	Crying steadily, screams of sobs, frequent complaints
Consolability	Content, relaxed	Reassured by occasional touching, hugging, or being talked to, distractible	Difficult to console or comfort

Neonatal Pain, Agitation and Sedation Scale (upto 1 Month)

Assessment Criteria	Sedation		Normal	Pain / Agitation	
	-2	-1	0	1	2
Crying Irritability	No Cry with painful stimuli	Moans or cries minimally with painful stimuli	Appropriate crying Not irritable	Irritable or crying at Intervals consolable	High-pitched or silent-continuous cry Inconsolable
Behavior State	No arousal to any stimuli No spontaneous movement	Arouses minimally to stimuli Little spontaneous movement	Appropriate for gestational age	Restless, squirming Awakens frequently	Arching, kicking constantly awake or Arouses minimally / no movement (not sedated)
Facial Expression	Mouth is lax No expression	Minimal expression with stimuli	Relaxed Appropriate	Any pain expression intermittent	Any pain expression continual
Extremities Tone	No grasp reflex Flaccid tone	Weak grasp reflex decreased muscle tone	Relaxed hands and feet Normal Tone	Intermittent clenched toes, fists or finger splay Body is not tense	Continual clenched toes, fists, or finger splay Body is tense
Vital Signs HR RR, BP, SaO_2	No variability with stimuli Hypoventilation or apnea	Less than 10% variability from baseline with stimuli	Within baseline or normal for gestational age	Increase 10-20% from baseline SaO_2 76-85% with stimulation - quick recovery	Increase greater than 20% from baseline, SaO_2 less than or equal to 75% with stimulation - slow recovery Out of sync or fighting ventilator

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NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: ..... Department: ..... Date of Admission: .....

SITUATION

Diagnosis: LSCS

Any Infection: ☐ Yes ☐ No ☐ Not Known
If Yes Specify: .....

BACKGROUND	Area / Shift Time	16/7 E2	16/7 N1	17/7 E2	17/7/26 N1	18/7 N1	
	Medical Condition (Any special condition to be noted):	NBM	NBM	-	Salt diet	-	
ASSESSMENT	Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:	98.1°F	98.6°F	97.2°F	98.2°F	98.3°F	
	Res:	20	20	23b/m	20m/m	20b/m	
	SpO_2:	99%	99%	99%	98%	99%	
	Pulse:	82	82	85b/m	80b/m	82b/m	
	BP:	120/80	120/80	120/88	113/76	112/76	
	Fall Risk Score:	-	-	-	-	-	
	Pain Score:	-	-	-	-	-	
Recommendations	Safety Needs:	-	-	-	-	-	
	Physiotherapy	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Others Specify:	-	-	-	-	-	
	Special Diet:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Other Special Orders / Medications:	-	ADP	-	-	-	
Post Operative Procedure Special Orders:		-	-	-	-	-	
Handed Over By Name :		Maddy	Mani	Anusha	Divya	Sonam	
Signature :							
Date:		16/7	16/7	17/7/26	17/7/26	18/7/26	
Time:		8pm	8pm	8pm	8am	9am	
Taken Over By Name :		Mani	Amrutha	Divya			
Signature :							
Date:		16/7	17/7	17/7/26			
Time:		8pm	8am	8am			

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NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: ..... Department: ..... Date of Admission: .....

SITUATION	Diagnosis:	Any Infection: ☐ Yes ☒ No ☐ Not Known If Yes Specify:					
BACKGROUND	Area / Shift Time						
	Medical Condition (Any special condition to be noted):						
ASSESSMENT	Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:						
	Res:						
	SpO_2:						
	Pulse:						
	BP:						
	Fall Risk Score:						
	Pain Score:						
Recommendations	Safety Needs:						
	Physiotherapy	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Others Specify:						
	Special Diet:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Other Special Orders / Medications:						
Post Operative Procedure Special Orders:							
Handed Over By Name :							
Signature :							
Date:							
Time:							
Taken Over By Name :							
Signature :							
Date:							
Time:							

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URINARY CATHETER BUNDLE CHECK LIST

Date of Insertion: 16/7/26 Date of Removal: .....

Parameters / Date / Shift Time	16/7 E2	17/7 N1					
Need for the Catheter	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Hand Hygiene	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Usage of Sterile Equipment	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Is the Collection bag below the level of bladder	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Check the Tube for Obstruction (Free of Kinking)	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Is Catheter dated as policy	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Collecting bag is been emptied regularly?	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Maintenance of closed system for the catheter	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Dressing clean and dry?	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Is the line removed as Policy?	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Performance of Perineal Care	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Onset of New Fever	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Asses for the leakage at the site of insertion	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Name of the Nurse	Madhu	Divya					
Signature of the Nurse							

Foley's removed.

Docu. No. : RCH /FRM / CLINICAL / 114

CONSENT FORM FOR ANAESTHESIA

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Patient Name : MRS. Fatima Begum Age : ..... Gender : Male ☐ Female ☑

UHID NO: HNH-0001562 Surgeon Name: Dr. Swathi HV

Anaesthesiologist : Dr. Lavanya Nayak Operative procedure planned : LSCS Cat II.

PLEASE READ THIS BEFORE YOU CONSENT FOR ANAESTHESIA

General anaesthesia involves rendering a patient unconscious before an operation. This ensures the patient is not aware of events and does not feel pain during the operation. Drugs given through a vein and / or inhaled from an anaesthesia machine produce it. Regional anaesthesia involves using a local anaesthetic to numb a specific area of the body for surgery: Prolonged pain relief without numbness can be achieved by infusing weak solutions of local anesthetics arid narcotic drugs to particular parts of the body after surgery or injury, using catheters.

Specific High Risk (s) : The doctors have explained to me the details of the high risk involved due to the following medical problems and I have sought necessary clarification on all my doubts.

☐ Heart disease ☐ Hypertension ☐ Diabetes mellitus ☐ Renal failure

☐ Hepatic disorders ☐ Shock ☐ Multiple organ failure ☐ Polytrauma / Renal Tubular Aacidosis

☐ Incapacitating Cronic Obstructive Pulmonary Disease ☑ Others : Bleeding / Need for transfusion

- Doctor to document in medical record also if necessary (Cross-out if not applicable)

DECLARATION BY PATIENT / GUARDIAN / PROXY

I hereby authorize Rainbow Hospital & its authorized doctors to perform upon me / my patient the above mentioned operation / Diagnostic / Therapeutic procedures.

I authorize and give consent for anaesthesia (☑ Regional / ☐ General Anesthesia / ☐ Monitored Anesthesia Care as considered appropriate by the anaesthesia team.

I acknowledge that the anaesthetists have informed me about the anaesthetic procedure, risk, benefits and alternative treatments and answered my specific queries and concerns about this matter. I have read and understood the information provided in this form I acknowledge that I have discussed with the anaesthetists any significant risk and Complications specific to my individual circumstances, and I have considered them before Consenting for anesthesia.

I understand that there are some infrequent complications that can occur due to use of anaesthesia, these include pain or some injury at the site of injections, temporary breathing difficulties, asthmatic reactions, headaches.

I authorize the anaesthesia team to perform any additional procedures (for example, Central Venous Pressure line, arterial line, use of nerve blocks for pain relief, changing from regional to general anaesthesia etc), which are considered necessary by them during the course of surgery.

That I authorize and give consent to the team of doctors attending on me to administer blood products during the course of operative period and immediately thereafter in need arises.

I understand that the above mentioned consultant anesthesiologist or occasionally a colleague deputed by him / her will administer the Anaesthesia.

I have been explained all my queries in the language understood by me.

Patient / Patient Attendant :

Signature : .....

Name : Fatima

Relationship with Patient: Self

Date & Time : 16/7/26 @ 2:40pm

Witness :

Signature : .....

Name : Mohd. Imran.

Date & Time : 16-07-2026.

Doctor (who is taking the consent) :

Signature : ..... Name : Dr. Lavanya Nayak Date & Time : 16/7 at 2pm.

Docu. No. : RCH / FRM / CLINICAL / 021

Department of Anaesthesiology

PRE-ANAESTHETIC EVALUATION

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Name: MRS. FATIMA BEGUM Age: 35 Sex: FEMALE UHID.No: HNH-15612

Date: 16/7 Time: 230pm Proposed Operation: LSCS cat II

Diagnosis: Grand multipara & AEDF in DCDA twins at 34 weeks

B.P / CRT: 120/84 H.R: 91/m Weight: ..... ASA Physical Status: ☐ 1 ☑ 2 ☐ 3 ☐ 4 ☐ 5

16/7

Laboratory Data:

Hgb:	10.6	Glucose:	73 mg%	Protein:		HIV:		X-Ray:	
PCV:	31.3	Urea:		Alb:		HBS Ag:	NR	ECG:	
WBC:	8960	Creat:		Total Bill:		HCV:		2D Echo:	
Plate:	2.08	Na:		Dir. Bill:		Blood group:	AB pos	Stress/Anglo:	
PT:		K:		LDH:		T3		Other:	
PTT:		Ca++:		Alk phos:		T4			
INR:		Mg++:		Amylase:		TSH			
		Cl -:		SGOT/SGPT:					

Allergies: NKDA

Medical History: CVS : /

RESP : No significant medical history Diabetes : 6yrs on OHA

CNS : Regular ANCs - uneventful

Renal : /

Hepatic / GE : / Physical Activity: NYHA-I active

Others :

Past Anaesthetic History: prev. 2 NVD & EA.

Physical Exam: Coherent

Airway: MP 1 (2) 3 4 Mouth Opening: adq Mentohyoid Distance: 3FB Neck: (N) Teeth: intact

Lungs : BAE (+) clear clinically

Heart: S1S2 (+)

CNS:

Pregnant: ☑ Yes ☐ No ☐ NA Venous Access Site : peripheral Spine Exam for regional : midline

Anaesthetic Plan: ☐ MAC ☑ REGIONAL ☐ GA-ETT ☐ LMA

Peri-Operative Plan Explained to the Patient: ☑ Yes ☐ No

CURRENT MEDICATIONS	DOSAGE
METFORMIN 250MG	BD 1—0—1
THYRONORM 88MCG	
K/Ca	

Pre-Operative Instructions:

1. DVT Prophylaxis : on NPO
2. NIL ORAL → Water / ORS 2 Hours; Others 6 Hours
3. Informed Consent: ☑ Standard ☐ High Risk
4. Post Operative Pain Management: ☐ Discussed with Patient
5. Other Instructions:

.....

.....

.....

Signature: ..... Name: Dr Pavan / NAYAKA

Docu. No. : RCH/FRM / CLINICAL / 044

HNH-00015812 IP26-00006862
Mrs FATIMA BEGUM
04-04-1991 35 Y 3 M 12 D (F)
Dr. SWATHI H V

ANAESTHESIA CHART

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Pre Induction Assessment:

Change in Patient Condition: ☐ Yes ☑ No			Fasting Status: ada
Physical Status:	☑ Patient Identified	☑ Consent Present	☑ Chart Reviewed

H.R: 89	B.P / CRT: 108/73	SpO_2: 98/.	R.R: 18	Last Feed: >6hrs

Pre-OP Diagnosis: Granulomatosis c DCOM s/p REDF Operation: .... Date: 16/7

Surgeon: Dr SK / DBS Anaesthesiologist: Dr Rami Technician: Saraswati / Pallavi

TIME 330 — 400 — 430

N_2O /AIR /O_2 LPM

HALO /SO /SEVO

Drugs:

OX4 PCM 3v + 9v inj mw

FIO_2 / SaO_2 100 100 100 100

$ETCO_2$

ECG SR SR SR SR

Temperature

Urine Output

Fluids / Blood: RL

Antibiotic: Gmeri

Suppository: DICLOFENAC 100mg PARACADOL 100mg

Blood Loss: ~100ml

NOTES

B.P
V Systolic
Λ Diastolic
X Mean
• Heart Rate

Tourniquet on Time
Tourniquet off Time

Throat Pack In
Throat Pack Out

240 220 200 180 160 140 120 100 80 60 40 20 10 0

LAB Values: ABG; GRBS; Others

☑ Equipment Checked and Functional
☑ BP (L) UL
☐ Cuff Site: ....
☐ Art Site: ....
☑ EKG Lead 3 lead
☐ Temp Site
☐ FIO_2 Monitor
☐ Agent Monitor
☑ Pulse Oximeter
☐ Capnograph
☐ Ventilator
☐ Nerve Stimulator

Position: supine
☐ Pressure Points Checked

Eye Care:
☐ Oint
☐ Tape
☐ Padding
☐ Awake

Temp:
☐ HME ☐ Fluid Warmer
☐ Cling Film ☐ OH Warmer
☐ Hugger's ☐ Cotton Wool
☐ Other sheets

Times:
Anaes Start: 330pm
OP Start: ....
OP End: ....
Leave OR: 430pm

Anaesthesia:
☐ GA
☐ Monitored Anaesthesia Care
☑ Regional

Line (Size & Location)
☐ CVP: ....
☐ ART: ....
☑ IV: 18G (L) UL
☑ IV: 18G (R) UL
☐ IV: ....

Induction
☐ IV ☐ Inhal
☐ Pre O_2 ☐ RSI
☐ Others

☐ Mask ☐ SGA
☐ Airway ☐ Oral ☐ Nasal
ETT# .... at .... cm
☐ Oral ☐ Nasal ☐ Cuff
☐ Tracheostomy ☐ Topical
☐ Drug: ....

☐ Awake ☐ Direct Vision
☐ Video Laryngoscopy ☐ Stylette / Bougie
☐ Fiberoptic
Blade# .... Attempts: ....
Difficulty Why? ....

☐ **Bilat = BS**
☐ Semi-Closed Circle
☐ Closed Circle
☐ Other

Regional:
Extremity Specify: ....
☑ Spinal ☐ Epidural ☐ Caudal
Others: ....
Position: Sitting
Site: L3-4
Needle Size: 27G (P) Depth: ....
Parasthesia ☐ Yes ☐ No
Catheter at skin .... cm
Drug Name & Conc: 10ml 0.5% BUPIVACAINE (P)
Bolus: + 25mcg FENTANYL ....
Infusion: ....
Block Level: T4 - L1 equal
Comments: ....

Transportation to
☐ PACU ☐ ICU ☐ Other
Relaxant Reversed ☐ Yes ☐ No ☑ NA
Name of the Doctor : Dr Rami
Signature of the Doctor : ....

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Mrs FATIMA BEGUM
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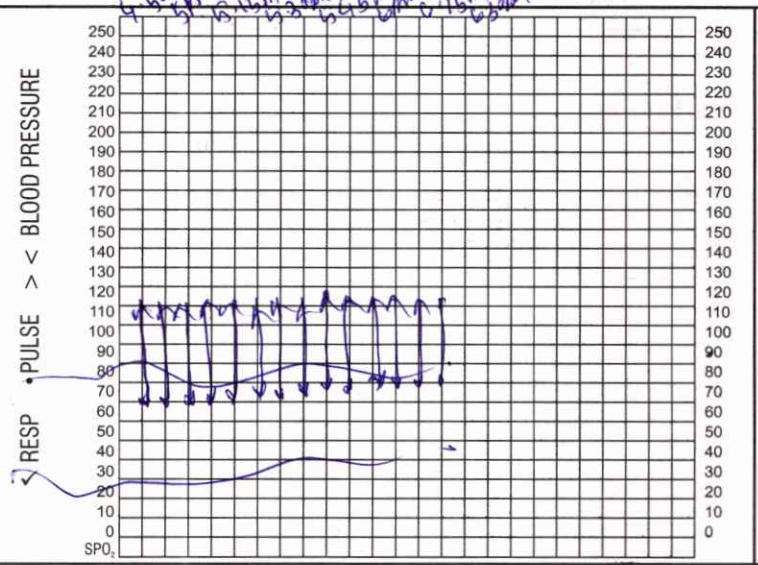
POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : Madhu Time Received : 4:50pm Time Discharged : 10pm



IV Cannula Site : Right

- ☐ O_2 Mask
- ☐ Nasal Prongs
- ☐ Tracheostomy
- ☐ T-Piece
- ☐ Oral Airway
- ☐ Nasal Airway

Vomiting : ☐ Yes ☑ No Drug: Taxiem
NG Tube : ☐ Yes ☑ No
Drain: ☐ Yes ☑ No
Urinary Catheter: ☑ Yes ☐ No
Chest Tube: ☐ Yes ☑ No
Nil Oral ☐ Yes ☑ No
IV Fluids: RL
Oral Feeds:

POST ANAESTHESIA SCORE (Modified Aldrete Score)		IN	MINUTES 30	60	90	OUT	SCORING INTERPRETATION
Able to move 4 extremities voluntary or on command = 2 Able to move 2 extremities voluntary or on command = 1 Able to move 0 extremities voluntary or on command = 0	ACTIVITY	1	1	2	2		A Minimum Total Score of 8 is Required for Discharge Exceptions to this, are to be explained in the space below by the Discharging Physician:
Able to deep breathe & cough freely = 2 Dyspnea or limited breathing = 1 Apneic = 0	RESPIRATION	2	2	2	2		
BP ± 20 of Pre Anaesthetic leve = 2 BP ± 20-50 of Pre Anaesthetic leve = 1 BP ± 50 of Pre Anaesthetic leve = 0	CIRCULATION	2	2	2	2		
Fully awake = 2 Arousable on calling = 1 Not responding = 0	CONSCIOUSNESS	2	2	2	2		
Pink = 2 Pale, dusky, blotchy, jaundiced, other = 1 Cyanotic = 0	COLOR	2	2	2	2		
	TOTAL	9	9	10	10		

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
16/7	5pm	0	Normal	
16/7	6pm	0	Normal	
16/7	6:30pm	0/10	NO	
16/7	7pm	0/10	NP	

Pain Tool Used: ☐ N PASS ☐ FLACC ☐ Wong Baker ☐ NPS

Reassessment Frequency:
1. Every eight hours for all hospitalized patients.
2. For post surgical patient, patient with chronic pain, patient with severe pain
   a. Every 2 hours for first 24 hours
   b. After 24 hours every 4 hours
   c. Prior to pain reliving intervention
   d. With in 30-60 minutes after pain relief intervention

Anaesthesiologist Name : Amar
Anaesthesiologist Signature:
Date & Time:

PACU Nurse Name : Mounika.
PACU Nurse Signature:
Date & Time: 16/7/26

Transferred to Unit by (PACU): 3rd floor 303
Date & Time: 16/7/26 10pm

Patient Sticker

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Department of Anaesthesiology

EPIDURAL ANALGESIA RECORD

Date: ..... Time: ..... Procedure done by .....

CSE /Spinal /Epidural Position : ..... Space :..... Technique (LOR/LOS) .....

Depth: ..... Catheter at Skin: ..... Attempts : .....

Parasthesia : Yes/No if yes details : .....

Solution Composition : .....

Any other issues :

a) .....

b) .....

Time	Infusion Rate (ml/hr)	Bolus (ml)	Level Left Right	Maternal BP	Maternal Pulse	FHR	Comments

Delivery Details : Time : ..... APGAR: ..... SVD / Instrumental / LSCS (if LSCS Details)

Catheter Removed by and Tip Inspected: .....

Patient Satisfaction : .....

Discharge /Shifting ordered by

Doctor Signature: .....

Doctor Name: .....

Date and Time : .....

HNH-00015612 IP26-00006862
Mrs FATIMA BEGUM
04-04-1991 35 Y 3 M 12 D (F)
Dr. SWATHI H V

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CAESAREAN SECTION OPERATIVE NOTES

Surgeon's Name:	Dr. Swathi. HV.	Date of Delivery:	16/7/2016
Assistant Surgeon:	Dr. Swapna, Dr. Manisha	Time of Delivery: (I)	3:39 pm (II) 3:40
Anaesthetist's Name:	Dr. Samir	Gender of Baby:	Male Female
Type of Anaesthesia:	Spinal	Weight of Baby:	1.74 kg @ 1.78kg
Neonatologist:	Dr. Pranav	AGPAR Score:	
Scrub Nurse:	Sangeetha	NICU Admission:	☑ Yes (Baby) ☐ No ; Prematurity

Pre-Operative Diagnosis:

☐ Elective ☑ Emergency Indication: DCDA twin c Absent AEDF(

Urgency

- ☐ Immediate Threat to life of woman or fetus
- ☐ Maternal or fetal compromise not immediately life threatening
- ☑ No maternal or fetal compromise but needs early delivery
- ☒ Delivery timed to suit woman and staff

Decision time: 10min Knief to rectus: 2min

CTG Description: Reactive

If there was a delay give the reasons: Nr. delay

Surgical Procedure: → Emergency LSCS + B/L Tubectomy.

Post Operative Diagnosis: POD 0

Peri-Operative Complications: –

Amount of Blood Loss: ~400ml. Blood Transfused (in ML): –

Name and Number of Surgical Specimen sent for examination:

B/L tubal Segment

Examination Findings when Appropriate:

Presentation: ☑ Cephalic ☐ Breech ☐ Other ..... Cervical Dilatation: ..... Open ..... cm

5th Palpable: ..... Fetal Position: .....

Station: ☒ ☐ -3 ☐ -2 ☐ -1 ☐ 0 ☐ +1 ☐ +2 Moulding: ☐ None ☐ + ☐ ++ ☐ +++

Caput: ☒ ☐ + ☐ ++ ☐ +++ Meconium: ☐ None ☐ + ☐ ++ ☐ +++

Bladder Catheterized : ☑ Yes ☐ No Urine: ☑ Clear ☐ Blood Stained

↳ (Blood tinged)

Skin Incision: ☑ Pfannensteil ☐ Transverse ☐ Midline ☐ Other ..... - LUS well formed

Uterine Incision: ☑ Lower Segment ☐ Classical ☐ Inverted T ☐ J Incision - 1st twin - Breech extraction

Previous Scar: ☐ Intact ☐ Thinnedout ☐ Ruptured ☑ No Scar - 2nd twin → Cephalic extraction

Incision Through Placenta: ☐ Yes ☑ No - Liquor clear ! Adeq

Delivery of ~~head~~ Breech / Cephalic: ☑ Manual ☐ Forceps - B/L tubal ligation → by modified Pomeroy's method

Liquor: ☑ Clear ☐ Meconium: ☐ I ☐ II ☐ III ☐ Blood ☐ Offensive ☐ Not Offensive

Delivery of Placenta: ☐ Manual ☑ CCT ..... ☑ Complete ☐ Incomplete ☐ Piecemeal

Cord Appearance: ..... Normal ..... Cord around the neck ☐ Yes ☑ No

Appearance of placenta: ..... Normal ..... Cavity explored ☑ Yes ☐ No

Uterus, tubes and ovaries: ☑ Normal ☐ Not Normal Sterilization: ☑ Yes ☐ No

Uterine Closure: ☐ One Layer ☑ Two Layers ..... Vicryl no 1-0 ..... Suture

Peritoneal Closure: ☐ Pelvic ☑ Abdominal ☐ None ..... Catgut ~~Vicryl~~ no: 1-0 ..... Suture

Sheath Closure: ..... Vicryl no 1 ..... Suture

Fat Closure: ☑ Yes ☐ No ..... Catgut no 1-0 ..... Suture

Skin Closure: ☑ Subcuticular ☐ Mattress ..... monocryl no 3-0 ..... Suture

Vaginal Evacuated ☑ Yes ☐ No

Drain: ☐ Yes ☑ No ☐ Remove in ..... days ☐ Await instructions

Ctheter ☑ Yes ☐ No ☐ Remove in ..... 1 ..... days ☐ Await instructions

Swap & Instruments count correct? ☑ Yes ☐ No ☐ Post-op Antibiotics ☑ Yes ☐ No

Intra-Operative Antibiotics Cover: ☑ Yes ☐ No ☐ Thromboprophylaxis ☐ Yes ☐ No

Post-Operative Notes: .....

NBM x 4-6 h

Drips as charted

Ho monitoring

Foley's removal Clm 6Am

Cont Inf Oxytocin IV drip x Chr

Strict W/F vitals & BPN

CBS 6th hourly today - FBS POD 2 - FBS / PPBS

Doctor Signature: .....

6:40pm

SURGICAL SAFETY CHECKLIST

Surgeon : Dr. Swathi
Asst. Surgeon : Dr. Swapna, Dr. Manisha
Anaesthetist : Dr. Samir
Scrub Nurse : ~~Sr. Sushma~~, Sr. Sangeetha

HNH-00015612 IP26-00006862
Mrs FATIMA BEGUM
04-04-1991 35 Y 3 M 12 D (F)
Dr. SWATHI H V

Age : 35 Gender : F
Name : LSCS
Date : 16/1/26 In-time : Out-time :

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Before Induction of Anaesthesia ➤➤

SIGN IN Time: 3:15 pm

Patient Has Confirmed
- Identity ☑Yes ☐No
- Site ☑Yes ☐No
- Procedure ☑Yes ☐No
- Consent ☑Yes ☐No

Site Marked ☑Yes ☐No ☐NA

Anaesthesia Safety Check Completed ☑Yes ☐No

Pulse Oximeter on Patient & Functioning ☑Yes ☐No

Does Patient have a:
- Known Allergy? ☐Yes ☑No

Difficult Airway / Aspiration Risk?
- Yes, & Equipment / Assistance Available ☑Yes ☐No

Risk of > 500ml Blood Loss (7ml/kg In Children)?
- Yes, and Adequate Intravenous Access and Fluids Planned ☑Yes ☐No ☐NA
- Blood Units Reserved ☑Yes ☐No ☐NA

Has Antibiotic Prophylaxis been given within the last 60 minutes? ☑Yes ☐No ☐NA

Signature : Dr Manisha
Name :

Before Skin Incision ➤➤

TIME OUT Time: 3:35 Pm

Confirm all team members have introduced themselves by Name and Role ☑Yes ☐No

Surgeon, Anaesthesia Professional and Nurse Verbally Confirm
- Correct Patient (Check ID Band) ☑Yes ☐No
- Correct Site ☑Yes ☐No
- Correct Procedure ☑Yes ☐No

Anticipated Critical Events

Surgeon Reviews:
- What are the Critical or Unexpected Steps, Operative Duration, Anticipated Blood Loss? 1hour Active bleeding 1000ml ☑Yes ☐No ☐NA

Anaesthesia Team Reviews:
- Are There Any Patient-specific Concerns? diabetic B ☑Yes ☐No ☐NA

Nursing Team Reviews:
- Has Sterility (including indicator results) Been Confirmed? are there Equipment issues or any Concerns? ☑Yes ☐No ☐NA

Is Essential Imaging Displayed? ☐Yes ☐No ☐NA

Signature : Kavya
Name : Kavya 16.3.25

Before Patient Leaves Operating Room

SIGN OUT Time: 4:15 pm

Nurse Verbally Confirms with the Team:
- The Name of the Procedure Recorded ☑Yes ☐No
- That Instrument, Sponge and Needle Counts are Correct (or Not Applicable) ☑Yes ☐No ☐NA
- The Specimen is Labelled (including patient name) ☑Yes ☐No ☐NA
- Whether there are any Equipment Problems to be addressed ☐Yes ☑No ☐NA

To Surgeon, Anaesthetist and Nurse:
- What are the key concerns for recovery and management of this patient? ☑Yes ☐No

Signature : Dr Manisha For Dr Swathi
Name :

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
HNH-00015612 IP26-00006862 Mrs FATIMA BEGUM 04-04-1991 35 Y 3 M 12 D (F) Dr. SWATHI H V	16/7/26 @ 2:28 pm	16/7/26 @ 4:35 pm
	Transfer Ordered by Dr. Samir	Reason for Transfer Observation
From Unit OT	To Unit Pre-Post	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 34	Number of Imaging Films —	Personal belongings including clinical documents. If any handed over to attendant Yes ☐ No ☑ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	RL	1
2.		
3.		
4.		
5.		

Shifting Summary / Notes Written by Doctor : Yes ☑ No ☐

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Sr. Natasha Natasha	Dr. Samir

Patient & Clinical Records Received by : Madhumathi

Date & Time of Patient Received : 16/7/26 @ 4:35 pm

If the transfer order time & Completion time is more than 30 minutes, please tick the reason mentioned below :

☐ Unavailable Bed ☐ Nurse not Available ☐ Available Bed not ready

HNH-00015612 IP26-00006862
Mrs FATIMA BEGUM
04-04-1991 35 Y 3 M 12 D (F)
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OBSTETRIC TRIAGE ASSESSMENT FORM

Date: 16/7/26 Time of Arrival: 2pm Time Seen by Nurse: 2:10pm

1) **Level of Consciousness:** ☐ Conscious ☐ Semi-Conscious ☐ UnConscious

2) **Chief Complaint (Reason for Visit):** (Circle the item as appropriate)

- ☐ Severe Pain / Moderate Pain
- ☐ Bleeding PV: Slight / Heavy
- ☐ Decreased Fetal Movement
- ☐ No Fetal Movement
- ☐ Preterm rupture of Membranes / Leaking Water PV
- ☐ Preterm Labor/ Labor
- ☐ Spontaneous Rupture of Membrane / Leaking Water PV
- ☐ Other Reason: .....

3) **Vital Signs:** Temperature: 98°F Pulse: 82 RR: 20 SpO_2: 99% BP: 116/74 Weight: .....

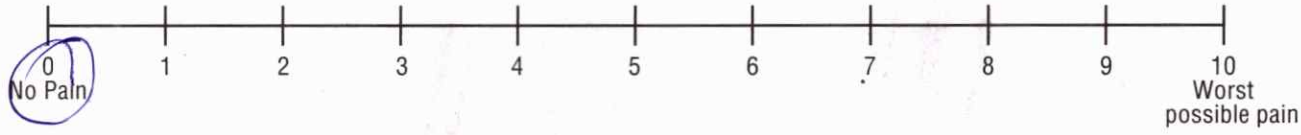
4) **Gestational Criteria:**

Gravida:	G	P	L	A

LMP: ..... EDD: ..... Gestational Age: .....

Uterine Contraction	☐ Yes	☑ No	☐ NA	Onset	Time	Frequency:
Membrane Rupture	☐ Yes	☑ No	☐ NA	Onset	Time	Fluid Color:
Vaginal bleeding	☐ Yes	☑ No	☐ NA	Onset	Time	Amount:
Pre Eclampsia Symptoms	☐ Yes	☑ No	☐ NA	If Yes specify: Headache / Visual Symptoms / Pain Abdomen / Vomiting		
Good fetal Movement	☑ Yes	☐ No	☐ NA	If No specify:		

5) **Pain Screening:** **Numerical Pain Scale (NPS)**



- Location: .....
- Duration: ..... Days / Weeks/ Months (Strike out which is not applicable)
- Character: .....
- Frequency: NIL
- Interventions: .....

.....

6) **Past History:**

a) Surgeries: NIL

b) Medical: .....

HNH-00015612 IP26-00006862
Mrs FATIMA BEGUM
04-04-1991 35 Y 3 M 12 D (F)
Dr. SWATHI H V

7) **Allergy:** ☐ Yes ☐ No, If Yes : .....

8) **Current Medications:** ☐ Prenatal Vitamin ☐ None ☐ Others: .....

9) **Prenatal Medical History:**

☐ None
☐ Chronic Hypertension
☐ Gestational Hypertension
☐ Diabetes
☐ Gestational Diabetes
☐ Low placenta
☐ Others if yes, specify .....

Triage Category: (Please tick on the category)

Refer to OBSTETRICAL TRIAGE ACUITY SCALE (OTAS)

☐ **Category I:** Resuscitative (Time to Physician: Immediate & Reassessment: Continuous nursing care)
☐ **Category II:** Emergent (Time to Physician: ≤ 15 minutes & Reassessment: Every 15 minutes)
☐ **Category III:** Urgent (Time to Physician: ≤ 30 minutes & Reassessment: Every 15 minutes)
☑ **Category IV:** Less Urgent (Time to Physician: ≤ 60 minutes & Reassessment: Every 30 minutes)
☐ **Category V:** Non Urgent (Time to Physician: ≤ 120 minutes & Reassessment: Every 60 minutes)

OBCU Obstetrical Triage Acuity Scale (OTAS)

OTAS	Level 1 (Resuscitative)	Level 2 (Emergent)	Level 3 (Urgent)	Level 4 (Less Urgent)	Level 5 (Non Urgent)
Level 1 (Resuscitative)	Immediate	≤ 15 minutes	≤ 30 minutes	≤ 60 minutes	≤ 120 minutes (2 Hours)
Re-Assessment	Continuous Nursing Care	Every 15 Minutes	Every 15 Minutes	Every 30 Minutes	Every 60 Minutes
Labour / Fluid	Imminent Birth	Suspected Pre-term Labour / PPROM < 37 Weeks	Signs of Active Labour > 37 weeks	Signs of Early Labour/ SROM > 37 weeks	Discomforts of Pregnancy
Bleeding	Active Vaginal bleeding with/ without abdominal pain	Bleeding associated with cramping (<spotting) <37 weeks	Bleeding associated with cramping (>spotting) >37 weeks	Spotting	
Hypertension	Seizure activity	Hypertension > 160/110 and / or headache, visual disturbance, RUQ pain	Mild hypertension >140/90 with/without associated signs and symptoms		
Fetal Assessment	Abnormal FHR tracing Non-Fetal Movement	Atypical FHR tracing, abnormal dopplers Diseased fetal movement			
Others	• Acute onsite severe abdominal pain • Altered level of consciousness • Cord prolapse • Severe respiratory distress • Suspected sepsis	• Major trauma • Shortness of breath • Unplanned and unattended birth	• Abdominal/back pain greater than expected in pregnancy • Flank pain / hematuria • Nausea /vomiting and /or diarrhea with suspected dehydration	• Ongoing assessment from out patient clinic (for hypertension, blood work) • Minor trauma (minor MVC/fall) • Nausea/Vomiting and /or diarrhea • Signs of infection (ie dysuria ,cough, fever, chills)	• Anything that does not seem to pose threat to mother or fetus • Cervical ripening • Out patient placenta previa protocols • Pre-booked visits (ie Rh and progesterone injections, NST • Assessment for version • Rashes

Time seen by Doctor: 2:15 Pm

Nurse Name : Madhumita Nurse Signature: Madhu

Date: 16/7/20 Time: 2:10 Pm

HNH-00015612 IP26-00006862
Mrs FATIMA BEGUM
04-04-1991 35 Y 3 M 12 D (F)
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OBSTETRICS / GYNECOLOGY
NURSING INITIAL ASSESSMENT FORM

Date of Admission: 16/7/26

Baseline Information:

Admission From: ☐ ER ☐ OPD ☑ Admission Desk ☐ Others, specify .....

Primary Language: ☐ Telugu ☑ English ☑ Hindi ☐ Others, specify .....

Do you require an interpreter? ☐ Yes ☑ No if Yes specify .....

Source of Information: ☑ Patient ☑ Family ☐ Others, specify .....

Allergies: ☐ Yes ☑ No ☐ Medications ☐ Blood Transfusion ☐ Food ☐ Other: .....

If yes , identify .....

Chief Complaints: ..... Doctor Notified on Admission: ☐ Yes ☐ No

..... Emesis ..... Name of the Doctor: Dr. Swathi

..... Time Notified: .....

Past Medical History: Obtained From ☐ Patient ☐ Family Member ☐ Medical Record ☐ Other (specify) .....

Past Medical History	Past Surgical History	Previous Hospital Admission
NIL	NIL	NIL

Gynecology Assessment: ☐ Not Applicable

Menstrual History: .....

..... Regular

Onset of Menarche: .....

Menstrual Cycle: ☑ Regular ☐ Irregular

Last Menstrual Period: .....

Gynecology Surgical History:

Caesarean Section: ☐ No ☐ Yes

Cervical Cerclage: ☐ No ☐ Yes

Ectopic Pregnancy: ☐ No ☐ Yes

Myomectomy: ☐ No ☐ Yes

Others: _____

Gynecological History:

Contraceptives: ☐ No ☐ Yes

Vaginal Discharge: ☐ No ☐ Yes

Post-Coital Bleeding: ☐ No ☐ Yes

Infertility: ☐ No ☐ Yes

If Yes Type: ☐ Primary ☐ Secondary

Obstetric History: G ..6.. P ..2.. L ..4.. A .....

Previous LSCS: .....

Current Medication: ☑ None ☐ Yes, If Yes, Fill the reconciliation form

Family History: ☑ No Abnormalities Detected

☐ Heart Disease ☐ Hypertension ☐ Diabetes ☐ Stroke ☐ Seizures ☐ Kidney disease

☐ Liver disease ☐ Other .....

Vital Signs / Measurements: Temp: 98.6 HR: 89 RR: 20

BP: 110/74 Weight: ..... Height: ..... BMI: .....

Pain Assessment: **Pain:** ☐ Yes ☐ No (If Yes, complete the Pain Assessment / Reassessment Form)

HNH-00015612 IP26-00006862
Mrs FATIMA BEGUM
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PHYSICAL ASSESSMENT

General Appearance: ☑ Healthy ☐ ill looking ☐ Anxious ☐ Agitated ☐ Others: .....

Fall Assessment: ☐ Yes ☑ No Score ..... (complete the Morse Fall Risk Assessment Sheet)

Risk of Pressure Sore: ☐ Yes ☑ No Score ..... (complete the Braden Q Sheet)

FUNCTIONAL SCREENING: If a patient needs assistance with any of the following inform consultant

☐ Mobility problem ☐ Walking Problem ☑ No Abnormality Detected

☐ Developmental Delay ☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

NUTRITIONAL SCREENING: ☑ No Abnormality Detected

☐ Overweight ☐ Poor Appetite > 3 Days ☐ Needs Therapeutic Diet.

☐ Under Weight ☐ Diabetes Mellitus ☐ Hyperemesis Gravidarum

Inform consultant for positive criteria

PSYCHOLOGICAL SCREENING:

☐ Calm & Cooperative ☐ Restless ☐ Depressed ☐ Agitated ☐ Confused

☐ Others .....

Inform consultant for positive criteria

SOCIAL SCREENING:

1. **Marital Status:** ☐ Single ☑ Married ☐ Divorced ☐ Widow
2. **Special Habits:** **Smoker:** ☐ Yes ☑ No **Alcohol Abuse:** ☐ Yes ☑ No **Drug Abuse:** ☐ Yes ☑ No

Social History: Lives With .....

Orientation has been given regarding the following aspects:

Call Bell in Reach : ☑ Yes ☐ No Waste Disposal Explained: ☐ Yes ☑ No

Infusion Pump : ☐ Yes ☑ No Hand Hygiene Explained: ☐ Yes ☐ No ☐ Others

Above information given to ..... Patient .....

Name of Person Orientation was given to: ..... Fatima .....

Orientation not given Reason: ..... NA .....

Nurse Signature: ..... Madhu .....

Nurse Name: ..... Madhumita

Date & Time: ..... 16/7/26 @ 2130hrs

HNH-00015612 IP26-00006862
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BREAST FEEDING HANDOVER AND ASSESSMENT FORM

1. Breastfeeding initiated?
   - ☑ a. Yes
   - ☐ b. No

2. If No, Reason .....

3. Nipple condition:
   - ☑ a. Nipple well formed
   - ☐ b. Flat nipple
   - ☐ c. Inverted nipple
   - ☐ d. Short nipple

4. Milk flow:
   - ☑ a. Good
   - ☐ b. Drops of colostrums
   - ☐ c. Dry

5. Steps for Positioning and attachment:
   - ☑ a. Baby goes to the breast
   - ☐ b. Mother always sits with a back support
   - ☐ c. Ear-shoulder-hip should be in a straight line
   - ☐ d. The baby takes a latch on the areola and not on the nipple

Feeding Positions:
Cross Cradle

Feeding Positions:
Football / Clutch

6. Was the position explained:
   - ☑ a. Yes
   - ☐ b. No

7. For Caesarian mothers:
   - ☐ a. Mother is required sit and feed from the 4th feed
   - ☐ b. Please explain football hold

8. NICU admission:
   - ☐ a. Mother needs to stimulate her breast for 2 min every 2 hours

9. Additional notes: MICU Admission

Continuity of Care: Date: 16/7

- plan for vital
- vital checked & recorded
- plan for DBF
- provided DBF

Handover given by Maddummite. Handover taken by Anusha-K

Signature Maddummite Signature Anusha K

Date & Time: 16/7/26 @ 8Am Date & Time: 16/7/26 @ 8Am

#26-0000214383.

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NARCOTIC PRESCRIPTION FORM
(PATIENT COPY)

Patient Name:	Mrs. Fatima Begum	Age:	35 Yrs	Gender:	Female
UHID No:	HHH.0001561 2 IP No:	26-0000686	Date:	16/7/26 Time:	2.40 Pm
Diagnosis:	E M L S C S				OT

PRESCRIPTION DETAILS (Tick only one of the following)

S.No	Drug Name	Dosage	Remarks
1.	Fentanyl Citrate Inj. 50mcg/Ml	100mcg	01
2.	Morphine Sulphate Inj. 15mg/Ml		
	Remifentanil Hydrochloride Inj. 2MG		
4.	Remifentanil Hydrochloride inj. 1MG		

Doctor Name: Dr Amir

Doctor Registration No: 67529

Signature:

NARCOTIC DISPENSING FORM
APPENDIX 4 – FORM NO. 3E
(Details of the Patient to whom Essential Narcotic Drugs Dispensed)

IP Registration No: 26-0000686 2 Date: 16/7/26

Aadhaar No. of the Patient (Optional): .....

1.	Name : Mrs. Fatima Begum	Remarks
2.	Complete postal address (with contact number, if any) HNO 19-2 4338/2,3 Chandulal Baradari Hyderabad.	
3.	Brief description of the illness	E.M L S C S
4.	Whether registered with any other registered medical practioner / recognized medical institution (If yes, details of the recorded)	No
5.	Details of essential Narcotic drug dispensed	Fentanyl

Date	Name of the Essential Narcotic Drugs	Quantity	Signature / Thumb Impression of the patient / Patient Attender	Remarks, if any
16/7/26	Fentanyl	01	Badla	

Dispensed by (Name & ID No.): ..... Signature: .....

Received by (Name & ID No.): U Pallavi 017921 Signature: U Pallavi

Time: .....